

BOARD OF SUPERVISORS

Brown County



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HUMAN SERVICES COMMITTEE

Erik Hoyer, Chair
Richard Schadewald, Vice Chair
Joan Brusky, Thomas De Wane, Aaron Linssen

HUMAN SERVICES COMMITTEE

Wednesday, May 24, 2017

5:30 p.m.

**Room 200, Northern Building
305 E. Walnut St., Green Bay**

**NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON ANY ITEM
LISTED ON THE AGENDA**

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of April 26, 2017.

Comments from the Public

Report from Human Services Chair, Erik Hoyer

1. **Review Minutes of:**
 - a. Board of Health (March 14, 2017).
 - b. Children with Disabilities Education Board (April 17, 2017 & April 29, 2017).
 - c. Human Services Board (April 13, 2017).
 - d. Mental Health Treatment Committee (April 18, 2017).
 - e. Veterans' Recognition Subcommittee (April 18, 2017).

Communications - None

Treatment Courts

2. Update re: Treatment Courts – Judge Zuidmulder.

Syble Hopp School

3. Syble Hopp School 2018 Budget and Staffing Summary.

Wind Turbine Update

4. Receive new information – Standing Item.

Health Department

5. Resolution in support of State Funding for Communicable Disease Control.

Human Services Department

6. Executive Director's Report.
7. Financial Report for Community Treatment Center and Community Programs.
8. Statistical Reports.

- a. CTC Staff – Double Shifts Worked.
 - b. Monthly CTC Data - Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
 - c. Child Protection - Child Abuse/Neglect Report.
 - d. Monthly Contract Update.
9. Request for New Non-Continuous and Contract Providers and New Provider Contract.

Aging & Disability Resource Center – No agenda items.

Veterans Services – No agenda items

Other

10. Audit of bills.
11. Such other Matters as Authorized by Law.
12. Adjourn.

Erik Hoyer, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda. Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the Brown County Human Services Committee was held on Wednesday, April 26, 2017 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Hoyer, Supervisor Brusky, Supervisor Schadewald, Supervisor De Wane, Supervisor Linssen
Also Present: Health & Human Services Director Erik Pritzl, Director of Community Programs Nancy Fennema, Finance Manager Eric Johnson, Hospital Administrator Luke Schubert, Health Director Anna Destree, other interested parties.

Audio of this meeting is available by contacting the County Board Office at (920) 448-4015

I. Call Meeting to Order.

The meeting was called to order by Chair Hoyer at 5:30 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor De Wane, seconded by Supervisor Schadewald to approve. Vote taken.

MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of March 29, 2017.

Motion made by Supervisor Brusky, seconded by Supervisor De Wane to approve. Vote taken. **MOTION**

CARRIED UNANIMOUSLY

Comments from the Public: None.

Report from Human Services Chair, Erik Hoyer:

Chair Hoyer reiterated his thanks to the ADRC for hosting the last meeting and indicated he enjoyed seeing their facility.

1. Review Minutes of:

- a. Aging & Disability Resource Center (February 23, 2017).
- b. Children with Disabilities Education Board (February 27 and March 23, 2017).
- c. Human Services Board (February 9, 2017).
- d. Mental Health Treatment Committee (March 15, 2017).
- e. Veterans' Recognition Subcommittee (March 21, 2017).

Motion made by Supervisor Schadewald, seconded by Supervisor De Wane to suspend the rules to take Items 1 a-e together. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve Items 1 a-e. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Communications

- 2. Communication from Supervisor Schadewald re: I request a review of contracted service contracts in the Human Services and Health Department Division be done by the Human Services Committee. *Referred from April County Board.***

Supervisor Schadewald informed this is the beginning of what he has talked about in the past. He feels contracted service contracts need to be reviewed way before the budget hearing and he would like to talk about how best to proceed. He would like to see a list of all contracts so that a strategy can be developed. Schadewald would also like

the Committee to be made aware of any information regarding things like grants ending and programs not being funded as soon as possible and well in advance of the budget process. He feels we need to start looking at contracted services in some coordinated fashion prior to the budget hearing.

Health and Human Services Director Erik Pritzl said he appreciated Schadewald bringing this forward and agreed that this is an area they could spend a little bit more time on. His department reviews contracts continuously throughout the year. There are annual contracts that are reviewed towards the end of the year but they also get communications throughout the year from providers who ask for things like rate increases or service changes and those are reviewed as they come in. They also get feedback throughout the year regarding performance so contracts are reviewed in that process as well. All contracts are reviewed at least annually and then there are also periodic reviews as needed.

Director of Community Programs Nancy Fennema explained that the contract process is a little easier since Family Care came into play because prior to Family Care the number of contracts was much larger. Human Services still does a good amount of business based on contracts and the majority of the contracts are mandated. Fennema estimated that Human Services has roughly 300 – 400 contracts at this time. Schadewald would like to see a breakdown of all contracts so they can be reviewed. Pritzl said for the most part the contracts for the mandated services stay pretty static from year to year. Schadewald would like to look into the more discretionary contracts in greater detail. Fennema informed some of the contracts have been in place for a very long time, but others are newer and very fluid. She said there is a little bit of everything and the list of contracts comes before this Committee every month. Fennema added that it would be important to include the Contract Manager in further discussions regarding the contracts. Pritzl said the list of non-mandated contracts can be produced pretty easily because it is a relatively short list. He has done some digging into some of those contracts and found that at some point in time there were efforts or discussions to reduce or change certain areas, but typically they were reinstated or even expanded in some instances during the budget process.

Supervisor Linssen agreed that it would be helpful to have some of the context to review. Hoyer appreciated Schadewald bringing this forward and suggested that we work on a timeline. Since summer is typically a quieter time for the Committee Hoyer feels it would be a good time to start working on this.

Motion made by Supervisor Schadewald, seconded by Supervisor De Wane that the Human Services Committee get a report of all contracts from the Human Services Department no later than the July meeting and the Committee start to review all contracted services no later than the July meeting. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Schadewald, seconded by Supervisor De Wane to suspend the rules to allow interested parties to speak. Vote taken. MOTION CARRIED UNANIMOUSLY

-Anthony Alvarado, RISE Together

Alvarado said they are really looking forward to having an opportunity to work with Brown County as they continue to span across the State. They originally proposed to work with up to 30 schools in an 18 month program as well as launch a variety of student-led programs and activities. With their full-time staff and national advisory board, RISE Together has a lot of people on deck to help make sure the programs are given to Brown County and supported long-term. They would like to start getting a better idea of what type of cycle they can fall into and if there is anything else they can do to increase their due diligence. RISE Together has an "all hearts on table" attitude with their programming, strategies, financial projections, letters of recommendation and student and teacher testimonies which they have shared with Brown County. They have done everything they can to show their validation, strengths and abilities for this type of preventative model to take place in Brown County. As with any organization, RISE Together is looking at a different cycle and if something will not be available this year, they would like to get some idea of when and up to when and if there is anything else they can do in between those times.

-Douglas Darby, RISE Together

Darby agreed with Alvarado and said there seems to be an understanding that RISE Together will eventually work in Brown County and he just wants the Committee to know that they continue to push right along with

the Committee and the County and they are still gung ho. RISE Together realizes that the County is more bricks and mortar and they are a lot more fluid.

De Wane said he would like to see this programming get going sooner rather than later. He has kids and is familiar with RISE Together and he will fight for this this year as he knows what RISE Together has done and what they bring to the table. De Wane feels this would be very valuable to the community and he sees the need in the community from his work with the City and the County. He would like the Committee to try to do something on this sooner rather than later.

Hoyer thanked RISE Together for attending this meeting and said they know how to get in touch with the Committee. He said that this is something they do not want to drop, but at the same time, they do not want to string them along; it is finding a balance and Hoyer would like to work as a team to try to find some way to create something.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

Wind Turbine Update

3. Receive new information – Standing Item.

Schadewald informed that Dr. Coussons would be available on the evening of the July County Board meeting and he would like to have a special Human Services Committee meeting on that evening at 6:15 pm. Then, if necessary, the item could be pulled during the regular Board meeting so the Board could ask any questions they have if they are unable to attend the special Human Services meeting. Hoyer informed he has spoken with Board Chair Moynihan about having a presentation by Dr. Coussons at a Board meeting but Moynihan has been resistant to this. Hoyer feels doing this under the auspices of a special meeting of this Committee is a good strategy.

Linssen asked what the goal of having a Q & A session with Dr. Coussons in front of the full Board is as opposed to bringing in someone from the Health Department to update the Board. Schadewald responded that people feel they need to hear from a doctor to have questions answered and he feels this is the best plan to meet the needs. Linssen pointed out that the State Department of Health and other organizations at the State level have made determinations that the wind turbines are not health hazards. If we are bringing in someone who is advocating for a certain position, Linssen feels there should also be someone from the State Department of Health or another organization to present at the same time. He hesitates to put someone who is advocating for a specific cause in front of the County Board to push their ideas forward without having the counter balancing discussion. Linssen would not have a problem with bringing Dr. Coussons to a Human Services meeting to discuss this. Hoyer said the rationale was to get as many Board members as possible to come to a meeting to hear Dr. Coussons and it was determined that the night of a Board meeting would be the best time to do that.

Linssen said he would oppose a motion on this because he does not agree with holding special meetings for specific individuals to come and discuss an issue like this. Schadewald responded that every special meeting he has been at, someone is there because they want something and they do not bring the opposite side in. Linssen said if the special meeting is held, the agenda should clearly indicate what the purpose of the meeting is and if it is to do a Q & A with Dr. Coussons, that is what the agenda should say. De Wane agreed with Linssen and will also oppose a motion.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky that the Human Services Committee hold a special meeting at 6:15 pm on July 19, 2017 and invite Dr. Coussons for questions and answers. Vote taken. Ayes: Schadewald, Hoyer, Brusky Nays: Linssen, De Wane MOTION CARRIED 3 TO 2

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to suspend the rules to allow interested parties to speak. Vote taken. MOTION CARRIED UNANIMOUSLY

-Nate Johnson, 6080 Glenmore Road, Denmark, Wisconsin

Johnson works for Duke Energies. He asked if the public would be able to ask questions of Dr. Coussons at the special meeting. Schadewald said if there is a motion to suspend the rules the public would be able to ask questions. Johnson asked if Dr. Coussons' credentials would be made available to the public. Linssen recalled that Dr. Coussons provided the Board with a packet of papers and he would be able to get that information to Johnson if he desired.

Linssen asked if the July 19 special meeting will focus on Dr. Coussons only, or if other interested parties will be able to ask questions. Schadewald said that during a public meeting, the public can always ask to speak and he will make a motion to hear from interested parties if there are people who want to speak. Linssen said his concern is how things are listed on the agenda and he would ask the Chair to take this all into consideration when it comes time to put the agenda together.

Motion made by Supervisor Schadewald, seconded by Supervisor De Wane to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

De Wane said Duke Energies would be able to ask questions of Dr. Coussons, but they would not be able to bring anything else forward. Linssen feels if there is a special meeting to ask questions of an expert, that if there are other experts that wish to have questions asked of them, they should be afforded the opportunity as an agenda item as well. Schadewald said this would not necessarily have to happen at the same time.

Human Services Department

4. Resolution re: 2016 Balance Budget Adjustment.

Health and Human Services Director Erik Pritzl informed that this is different than in years past and said that there is no appropriation coming from any fund balance for Community Program and there is actually money going to fund balance. There were some expenses that were over budget and those are highlighted. Mental health placements were slightly above budget and so were some out-of-home care costs for children. The revenues were also over budget as there was a favorable cost settlement in the Medicaid cost reporting which helped quite a bit. Overall there is money going into the fund balance for Community Programs.

The Community Treatment Center side did not come out the same way. Pritzl said if they would have continued with the model that they had in place as originally designed, this would have been a different picture and there probably would have been a small surplus there as well. Instead, Human Services had to adjust the billing based on the Department of Health Services feedback and this resulted in significant changes to revenues, especially in the CBRF and fund balance for the CTC had to be used for that.

Finance Manager Eric Johnson informed that the net revenue over expenses for Community Programs for 2016 is \$316,000.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

5. Executive Director's Report.

Pritzl referred to his report in the agenda packet and talked about the Wisconsin County Human Services Association and Wisconsin County Association Human Services Day at the Capitol which was held on April 5, 2017. Under Children and Families, Brusky referred to the incentive payments referred to which are estimated to be \$100,000 and asked for an explanation on this. Pritzl responded that those are funds that the County receives for overpayments. The County gets to retain a portion of the overpayments to offset the cost of the fraud investigations.

Linssen asked about the 17 year olds in the juvenile justice system and if there has been any discussion regarding changing the rules of trying a juvenile as an adult. Pritzl explained there are different proposals

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regarding this. The most-recent proposal focused on non-violent first time offenders so it was not all 17 year olds and it was not that blanket jurisdiction for adult court is 18. The County Association has not weighed in as to what way to go as far as overall jurisdiction; the position has just been that if they are brought back to the juvenile system, there has to be some funding to support this.

Hoyer asked how Brown County compares to the Health and Human Services Departments of other counties. Pritzl responded that every county is different and there is basically a standard package of services, but funding priorities and decisions are still a local decision in the State of Wisconsin.

Pritzl also spoke about the family and court visitation situation. He has looked internally at what the cost would be if they used their structure in terms of staffing and other operational costs such as rent. The estimate came out to be \$115,404 to provide the services in-house. This is not far off from what other organizations said they could provide the services for. Pritzl said that talking about this internally brought up a significant number of concerns with regard to overlap. He also looked at other counties and there is not uniformity in offering visitation. Some counties do not have a formal program and it was not clear where it was funded or where it was placed in the counties that do. It does not look like the cost of doing this in-house is that much different, but this is not something that would necessarily fall under the Human Services Department.

With regard to Pritzl's estimate, Linssen asked if it is likely to be the same no matter what department this would fall under. Pritzl expected the figures to look very similar across the County. Schadewald asked if the County not doing this would create a gap of a legitimate service. Pritzl responded that if there is no funding and it is not structured, the service would not exist. Linssen asked if the same overlap issues would exist if this program was put under the Family Court system. Pritzl responded that this would have to be looked at overall as a Family Court program and noted that some other counties have these services under their Family Court programs.

Motion made by Supervisor Schadewald, seconded by Supervisor De Wane to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

6. Financial Report for Community Treatment Center and Community Programs.

Motion made by Supervisor De Wane, seconded by Supervisor Schadewald to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

7. Statistical Reports.

- a. CTC Staff – Double Shifts Worked.
- b. Monthly CTC Data - Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
- c. Child Protection - Child Abuse/Neglect Report.
- d. Monthly Contract Update.

Motion made by Supervisor De Wane, seconded by Supervisor Schadewald to suspend the rules and take Items 7 a-d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor De Wane, seconded by Supervisor Schadewald to receive and place on file Items 7 a-d. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Request for New Non-Continuous and Contract Providers and New Provider Contract.

Schadewald questioned the contract with Lutheran Social Services for \$400,000. Pritzl said that contract is for residential care which is a very high cost placement and the contract is not to exceed \$400,000. Schadewald asked what the process is for reviewing the services being provided. Pritzl responded that there is a case manager assigned to the individual who is required to do permanency planning and ensure that the person is receiving the services identified as well as formulate a long-term plan. The case manager works with the provider, the individual and the family and is required to see the individual at regular intervals. In addition,

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there are institutional liaison positions that specialize in these types of placements. This is a residential institutional level placement.

Motion made by Supervisor Linssen, seconded by Supervisor Brusky to receive and place on file. Vote taken.

MOTION CARRIED UNANIMOUSLY

Health Department

- 8a **Resolution re: Table of Organization Change for the Human Services Department – Public Health Division Nurse Manager – Health Position.**

Health Director Anna Destree informed that nationally public health is making the move from direct or individual based care to more population based services by providing prevention activities through education. This resolution is to help build the Community Engagement Division at the Health Department and the first step would be to have a manager to oversee the community health educators. Schadewald informed this was reviewed at the Board of Health and he would recommend that this Committee approve it as he feels it is a good move.

Linssen asked if this is simply a rebranding of the nurse manager role. Destree responded that this would involve a new set of duties. There will still be a nursing division with a nursing manager and that person will focus on things like the immunization program and communicable disease investigative work. The new position will work on the grant writing, coordinating of grant activities, quality improvement initiatives and things like that and also help with social media and marketing. This position will also supervise the health educators whereas the nurse manager focuses on the nurses and the nursing activities. Linssen wants to be sure that by taking a position away there will not be any drop in services. Destree assured there will not be any drop in services and actually, with the position they are asking for they would probably be able to provide more services. The position that is being eliminated is currently open; nobody will be losing their job.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center – No agenda items.

Syble Hopp – No agenda items.

Veterans Services – No agenda items.

Other

9. **Audit of bills.**

No bills were presented; no action taken.

10. **Such other Matters as Authorized by Law. None.**

11. **Adjourn.**

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to adjourn at 6:28 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Alicia Loehlein
Recording Secretary

Therese Giannunzio
Transcriptionist

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**PROCEEDINGS OF THE BOARD OF HEALTH MEETING
TUESDAY, MARCH 14, 2017
5:00 PM**

Present: James Crawford, Harold Pfothner, Karen Sanchez, Richard Schadewald, Jay Tibbetts

Excused: Joe Van Deurzen, Susan Paulus-Smith

Staff Present: Anna Destree, Rob Gollman, Ann Steinberger, Erik Pritzl, Nicci Beeck, Kris Kovacic, Rebecca Nyberg, Andrea Schultz, Patti Zich (minutes recorder)

1. Call to Order, Welcome, and Introductions

Chairman Richard Schadewald called the meeting to order.

2. Approval / Modification of the Agenda

MOTION: To modify the agenda to move Item 7 behind Item 9 and to move Item 12 before Item 6.

Crawford / Pfothner

MOTION CARRIED.

3. Approval of Minutes of meeting of February 2, 2017

MOTION: To approve the minutes from February 2, 2017.

Crawford / Pfothner

MOTION CARRIED.

4. Community Engagement Division Presentation

The Health Educators introduced themselves, including Andrea Schultz, Kris Kovacic, Rebecca Nyberg and Nicci Beeck. Anna shared the proposed organizational structure which there will be one nurse manager to focus on the nursing efforts and one community health education manager to focus on our community engagement activities. With the merger of Health and Human Services and also the maternal child health nurse manager vacancy, it is an opportunity to streamline services, prevent duplication of efforts and provide population based services. Anna reviewed the handout and identified key areas of oversight for each manager including the proposed organization chart and span of control.

Andrea Schultz explained how public health interprets data in order to implement evidence-based practices and community programming, to prevent death and disease and to improve quality of life across the life span. Ms. Schultz stated the shift in public health is away from providing individual services and now toward providing population-level programming. That includes looking at systems already in place and making sure they are adequate.

Kris Kovacic stated there are grant opportunities that exist at the national, state and local level that we have not been able to take advantage of, and this new proposal allows public health to pursue them in a coordinated way.

Nicci Beeck indicated that data driven public health needs and services must be prioritized. The state requires the Department of Health Services to create a public health agenda that is done every 10 years and is fulfilled through Healthiest Wisconsin 2020 and what trickles down to the different counties is a Community Health Improvement Plan (CHIP). In Brown County we have identified goals and priorities and have coalitions that work on the priorities.

Rebecca Nyberg indicated that prevention costs less than providing medical care after an illness or injury. The role of public health is to look at the data, determine what is happening and why it is happening and see what we can do to prevent it.

Ann Steinberger indicated the nurses will still be involved in the community coalitions however there is going to be a coordinated effort. In the past it was fragmented having two nurse managers. She states the new division will be able to promote health messaging while the nurses can focus on the client population assessments, interventions and investigations.

Rob Gollman is in support of the new division. He states there is an opportunity for a certified food manager course in the future, environmental health grants, and help developing pictographic signage which may be helpful to the non-English speaking population.

Karen Sanchez asked where the grant writing time would come from. Ann Steinberger indicated there was duplication of duties by having two nurse managers. Jim Crawford asked specifically what the new manager would do. Anna indicated the new manager would work with the Public Health Officer on the initiatives. The Health Officer works on the CHIP and the new manager will work on community health assessment priorities. Anna would be working with the new manager to direct where our priorities are and activities to support the CHIP process and community.

5. Comments from the Public

None.

6. Receive new information on wind turbines – standing item.

MOTION: To suspend the rules to hear from interested parties

Tibbetts / Pfothenauer

MOTION CARRIED.

Jim Vanden Boogart – 7463 Holy-Mor Road, Greenleaf, WI. Mr. Vanden Boogart stated at the February 15, 2017 Board of Supervisors meeting, Herb Coussons MD gave a presentation entitled *Wind Energy: Science, Medical Facts and Local Patients*. Jim prepared a transcript of that presentation and is providing a copy of that to the Board of Health along with Dr. Coussons' curriculum vitae. He also stated there are several YouTube videos online which can be found by searching Dr. Herb Coussons.

Barbara Vanden Boogart – 7463 Holy-Mor Road, Greenleaf, WI. Barbara Vanden Boogart submitted article entitled "*The Secret, Silent Wind-Power Peril*," Parts I, II and III, by Helen Schweisow Parker, PhD., a Licensed Clinical Psychologist, dated February 8, 2017, for the record. Ms. Vanden Boogart read excerpts directly from this report, Part II.

7. Discussion of potential Health Department move to Sophie Beaumont Building

Chairman Schadewald updated the Board of Health that he met with the County Executive and Department Heads. At the Executive Committee the \$97,000 carryover passed unanimously will be used as part of the move and will go before the Board of Supervisors tomorrow. If it passes the County Executive's plan is to look at all proposals and come up with an actual cost. He states there is a potential buyer for the current building and the new owner may want a 3 or 5 year lease. Things are coming together for a decision to be made. Mr. Schadewald indicated the lab has state requirements. Erik Pritzl indicated they have to look at public accessibility and public parking.

8. Environmental Division Update

Rob Gollman submitted a report and summarized lab procedures performed. Rob is concerned the lab will get cut when it comes to the move and public accessibility. He reported during radon promotion month we sold 26 kits at the promotion price versus 1 at the regular price. Rob also reported we are fully staffed in EH. Mr. Schadewald told Rob that the EH division is a big part of discussions when it comes to moving the department. Erik indicated his conversations talked about the importance of the lab. Rob believes we are the only lab statewide who does water testing for licensed pools.

Crawford stated the DNR draft air permit will be ready for public comment by April. He would like to review the air permit for the citizenry and have Health Department give comments on improving the air permit. Schadewald stated that there is county protocol and procedures as to who speaks for Brown County.

9. Nursing Division Update

Ann handed out a report on influenza season. Ann also expressed the importance of the lab. The nursing division handles and processes specimens, such as blood, stool, and sputum.

Ann stated each year we have to order our vaccine for the next season and we purchased quite a bit of state supplied or free flu vaccine that we were able to give out for the children and that supply has been used up. This year we purchased a large amount of vaccine for This Is Public Health, however we still have that vaccine available. If people request it we have been giving it. The vaccine expires the end of April. Crawford asked if

we give it free. Ann stated we ask for a donation. It is only because we purchased a large amount of vaccine for "This Is Public Health Event" as this was unique and will not happen next year. Ann states there is so much adult vaccine available in the community.

10. Communicable Disease Resolution

Ann wanted to let the Board know that we are working on a Resolution to submit to Administration for communicable disease funding. The local health departments throughout the State have been asked by the Wisconsin Public Health Association and the Wisconsin Association of Local Public Health Boards to have a resolution to send down to the state legislators to show support for communicable disease funding in the budget process. Ann states the majority of the counties around us have already approved the resolution.

11. Interim Health Officer's Report

Anna stated 2017 is the year of the CHA (Community Health Assessment). It is the process we go through to identify what our priorities will be in our Community Health Improvement Plan. Because of turnovers on the committee, they are just getting started. Anna shared the timeline. The goal is to get our data collected and have that presented at a community engagement meeting in October. We will then present to the community what they feel are the priorities. They will vote on them and that will drive what the CHIP will look like next year. CHA is the process leading up to it and CHIP is what comes from the CHA. The Health Officer handles the CHA process.

Erik wanted to highlight and note that tomorrow night at the County Board meeting the County Executive's appointment for the Health Officer, Anna Destree, will be voted on for confirmation.

12. Review of statutory duties of an interim health director or health director

Jim Crawford stated before the merger rumor was that the health director could close a beach due to E.coli and in theory close down Shirley wind turbines if it was demonstrated to the director that they were a health hazard and wondered if anything had changed with the new position, Public Health Officer. Richard Schadewald indicated that statutory there is no difference because of the title. Erik stated the health officer makes the decision based on the information in front of them as an independent statutory protected decision. Mr. Crawford would like to see if the anti-wind turbine lobbyist asks the health director to make a decision on wind turbines that they are a health hazard that it come to the Board first to advise the director what to do. Mr. Schadewald indicated the health officer has statutory duties they have to fulfill. The Board of Health is advisory. Jim states what we can do is review the 2014 decision that it is a health hazard and advise the public differently in the future.

13. Correspondence

None.

14. All Other Business Authorized by Law

None.

15. Adjournment / Next Meeting Schedule

MOTION: To adjourn meeting at 6:16 PM

Crawford / Pfothenauer

MOTION CARRIED

NEXT MEETING: May 9, 2017 5:00 PM

PROCEEDINGS OF BROWN COUNTY CHILDREN WITH DISABILITIES EDUCATION BOARD:

A regular meeting was held on: Monday, April 17, 2017

Board Members Present: S. King, B. Clancy, J. Mitchell, L. Franke, R. Osgood

Others Present: D. Zadnik, A. Nizzia, C. Maricque, J. Driessen

Call to Order – The meeting was called to order by S. King at 3:30 PM.

1. Action Item: Approval of March 20, 2017 and March 23, 2017 Board Minutes

Motion made by J. MITCHELL, seconded by R. OSGOOD, that the minutes from the March 20, 2017 and March 23, 2017 Board meeting be approved. MOTION CARRIED UNANIMOUSLY.

2. Action Item: Approval of Agenda

Motion made by J. MITCHELL, seconded by L. FRANKE, that the agenda for today's meeting be approved. MOTION CARRIED UNANIMOUSLY.

3. Action Item: Donations

The donations were reviewed. Larry Franke was thanked for his contribution to Lions Camp.

Motion made by R. OSGOOD, seconded by L. FRANKE, that this month's donations be approved. MOTION CARRIED UNANIMOUSLY.

4. Action Item: Payment of Bills

L. Franke asked what the purpose was for payments to MJ Care. MJ Care was our Medicaid billing vendor. The payment was for their billing services for the 2015-16 school year. The payment was being held until all billing was complete and required reports were forwarded by MJ Care.

Motion made by L. FRANKE, seconded by R. OSGOOD, that the payment of the bills be approved. MOTION CARRIED UNANIMOUSLY.

5. Action Item: Financial Report

An update of the February financial statements was provided. The final payments to MJ Care were noted.

Motion made B. CLANCY, seconded by J. MITCHELL, that the financial report be accepted. MOTION CARRIED UNANIMOUSLY.

6. Action Item: Budget 2017-18

The 2017-18 proposed budget was reviewed. Initiatives highlighted for the next school year included the new student information system and sub-calling system. In addition, a housekeeper position is being requested to clean the building.

The requested levy is expected to increase by about \$61,000. Since the CESA staff have transferred to BCCDEB, the categorical aid is expected to increase, but this will be offset by a decrease to the CESA –transit of aids. The districts have also agreed to increase their payment of services with IDEA funds, so the district flow thru is expected to increase by over \$100,000.

The increase in salaries can be attributed to a full year of the CESA staff transfer, expected salary increases, an additional .8 FTE Occupational Therapist, a Housekeeper, and the expected increase in salary for the new Administrator. There is a slight decrease in insurances due to premiums and usage. Purchased Personal Services is expected to decrease due to a decrease in cost for Medicaid billing services and reducing the Food Service contract budget to be more in line with the actual costs. Computer software increase is attributed to the new student information system and the sub-calling system. The budget for pupil transportation was reduced for the district students to be more in line with actual costs. The budgets for CESA have decreased due to the transfer of employees to BCCDEB. The budgeted equipment purchases include a new tractor, benches, and a rooftop air conditioner unit. The use of fund balance relates to one time expenditures such as the equipment purchases, costs for software implementations, and expected retiree VEBA contributions.

Motion made by R. OSGOOD, seconded by B. CLANCY, that the budget for the 2017-18 school year be approved. MOTION CARRIED UNANIMOUSLY.

7. Action Item: Policy 3.09 – Sick Leave

The change of the word system to school that was made at the March Board meeting was noted. This was the only change to the first reading of the policy.

Motion made by R. OSGOOD, seconded by L. FRANKE, that the changes in Policy 3.09 – Sick Leave, Second Reading, be approved. MOTION CARRIED UNANIMOUSLY.

8. Action Item: Cleaning Services

D. Zadnik reviewed the cleaning service memo that was included in the agenda. After review of cleaning service companies, it was determined that hiring a housekeeper position would be the best option to clean the school. Brown County's housekeeper positions were reviewed to determine the wages for the position. Brian Kohls was recommended for the position.

Motion made by R. OSGOOD, seconded by J. MITCHELL, that the recommendation for cleaning services be approved. MOTION CARRIED

UNANIMOUSLY.

9. Action Item: Automated Substitute Staff Calling System

The substitute calling system being requested is used by other schools in the area, so the vendor will notify substitutes in the area that Syble Hopp is in need of substitutes. This should broaden our pool of subs and allow are vacancies to reach more individuals.

Motion made by L. FRANKE, seconded by J. MITCHELL, that the contract with Frontline to automate the substitute staff calling system starting in the 2017-18 school year be approved (\$6,785).

10. Discussion Item; Excess Courtyard Funds

Due to savings in the Courtyard project and donations for electrical work, there will be about \$375,000 in excess funds for the Courtyard project. After a maintenance account is set up for the Courtyard, the remaining excess fund may benefit other maintenance projects for the school. Projects suggested for review are the entry way to the school, the gym floor, HVAC and flooring in the high school wing, security cameras, LED lighting, and a pool pump.

A maintenance fund endowment will need to be established. All funds are currently held in a separate bank account. S. King will contact donors to ensure that they are in agreement with the use of any excess funds.

11. Discussion Item: Administrators' Report

A meeting was held with the districts to discuss the payments to Syble Hopp from their IDEA funds. Although the BCCDEB serves the districts' students with disabilities, we are not able to receive IDEA funding through the State. Only districts are eligible for IDEA funding. At this time we receive \$421/student from four schools which is about 1/3 of the amount that they receive per student with disabilities. We requested that this amount be increased to \$1,000/student attending Syble Hopp for all schools that have students attending Syble Hopp. Districts were receptive to the increase and also thought that it would be helpful if we met as a group annually.

We are preparing for graduation on May 11th. There will be 16 student graduating and it will be held at the Swan Club. We are also preparing for the SOAR summer camp. There will be 3 two week sessions.

Syble Hopp received the fourth annual St. Vincent DePaul Society Francis McLoughlin Community Partner Award. The award recognized students' volunteer work at St. Vincent DePaul and Paul's Pantry. Todd Gehring accepted the award on behalf of the school.

12. Discussion Item: Parent Organization Report

Kris Brassil organized a Book Fair for the students which also included a health snack sale. The July Golf Outing is also being planned.

13. Action Item: Adjournment

**Motion made by R. OSGOOD, seconded by L. FRANKE, to adjourn at 4:14 PM.
MOTION CARRIED UNANIMOUSLY.**

PROCEEDINGS OF CHILDREN WITH DISABILITIES EDUCATION BOARD:

A special meeting was held on Saturday, April 29, 2017

Present: S. King B. Clancy, J. Mitchell, R. Osgood, L. Franke

Also Present: J. Wieland

1. **Call to Order:** S. King called the meeting to order at 9:30 am.
2. **Executive Session:** The Board will move to executive session as allowed by Wisconsin Statue 19.85 (1) (c) – considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility; to interview three Administrator candidates.

Motion made by R. Osgood, seconded by B. Clancy, to move to Executive Session.
MOTION CARRIED UNANIMOUSLY.

Returned to open session at 2:30 PM.

3. **Action Item: Adjournment**

Motion made by J. MITCHELL, seconded by L. Franke, to adjourn at 2:30 PM.
MOTION CARRIED UNANIMOUSLY.

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, April 13, 2017 in Board Room A of the Sophie Beaumont Building-Human Services– 111 N. Jefferson Street Green Bay, WI

Present: Chairman Tom Lund, Carole Andrews, Bill Clancy, JoAnn Grascberger, Susan Hyland, Paula Laundrie, Aaron Linssen

Excused: Jesse Brunette, Craig Huxford

Also

Present: Erik Pritzl, Executive Director
Nancy Fennema, Deputy Director
Genny Willemon, EMR Coordinator
Nate Johnson

1. Call Meeting to Order:

The meeting was called to order by Chairman Lund at 5:15 pm.

2. Approve/Modify Agenda:

GRASCHBERGER / LAUNDRIE moved to approve the agenda.
The motion was passed unanimously.

3. Approve Minutes of February 9, 2017 Human Services Board Meeting:

HYLAND / ANDREWS moved to approve the minutes dated February 9, 2017.
The motion was passed unanimously.

4. Executive Director's Report:

Executive Director Pritzl highlighted the Wisconsin County Human Services Association and Wisconsin County Association Human Services Day at the Capitol on April 5, 2017 in which County departments sent representatives to meet with legislators to discuss current human services issues. Erik summarized their primary focus areas: 1) *Children and Families*. The allocation the State provides has remained relatively flat, with an 8% increase since 2009 when the Department of Children and Families was created, while during a period from 2011-2015 child protection reports increased 54% in Brown County. The Governor has put more money in the budget. Erik also indicated they are very successful in their fraud program and the proposed state budget maintains the current funding levels but counties are requesting additional funding. 2) *Mental Health Institutes*. Erik states the County utilizes certain state facilities. Over time, the appropriation for operating the institutes has accumulated a balance that developed in part due to payments from counties for services. Wisconsin Counties are requesting a portion of the remaining balance (about \$8,000,000) be returned to counties. 3) *Returning 17 year olds to the Juvenile Justice System*. Erik states that we support the concept of returning 17 year old non-violent, first time offenders to the Juvenile Justice System, but he would like to see some funding come with that population. Without additional funds, counties will have to prioritize services and stretch available resources. 4) *Community Treatment Center*. Erik presented a graphic to illustrate census overview of two residential units-Bay Haven and Nicolet Psychiatric Center. In addition, the department recently had a CBRF survey at Bay Haven, and did not receive any statements of deficiency.

LINSSEN / ANDREWS moved to receive and place on file.
Motion was carried unanimously.

5. Recreational Therapy Services Overview:

Erik presented a handout that Anja Andres prepared for the March meeting as well as a brochure for Music & Memory Program and talked about other programs they have for the residents.

LAUNDRIE / CLANCY moved to receive and place on file.
Motion was carried unanimously.

6. Presentation re: Health & Human Services Electronic Medical Records System:

Genny Willemon, EMT Coordinator at the Community Treatment Center indicates there are two systems at CTC. The nursing home has Point Click Care (PCC) and Nicolet, Bay Haven and Outpatient Clinic have Avatar for almost 6 years. They are in the process of bringing the rest of Community Programs onto Avatar. The last one to go live is Children's Long Term Support (CLTS). In Avatar, they do scheduling, charting, billing, discharge and medications.

The area of focus in Avatar this year is implementing Care Connect, which will eliminate faxing. Things will be done electronically and go directly into our system. In Birth to Three, they are looking at Provider Connect which also works closely with Avatar and will be able to push documents electronically.

In Point Click Care at the nursing home they can chart, order medications, interface with the pharmacy, and risk management. Anything done with Point Click Care gets recorded in the patients chart. Genny is working on secure conversations and wound care in PCC.

Genny is finishing getting Epic Care Link set up for them. When they have a client come into Bay Haven or NPC, their nursing staff can go into the HSHS system and look up the client to look at their records. They will pilot with Bellin this summer. The benefits of Epic Care is it gives the provider and nurse a better understanding of the patient's medical history which improves decisions in the course of treatment.

One of the other things she is working on is Program Participation System (PPS) implementation. This is a program they use to report data on mental health, AODA and CORE functions to the State. Currently they report on paper and someone inputs manually into the PPS system. In June they will be going live and all this information will be pulled and sent to the State electronically. This will give more accurate reporting and also increase potential funding because they will have better reporting.

Another change is with Wisconsin Hospital Association (WHA). They are moving to 837 data reporting structure which will allow WHA to receive more accurate data and is in line with what insurance companies receive.

Other projects which will be completed this year are Omnicell Automated Medication Dispensing Machine at Nicolet, the wireless nursing call system, and electronic controlled substance physician ordering.

A future project is to be hosted by Netsmart. It allows them newer versions of document management and they will no longer pay for storage through Technology Services. Another future project is document management for PCC. This would allow the nursing home to go paperless.

HYLAND / GRASHBERGER moved to receive and place on file.
Motion was carried unanimously.

7. CTC Administrator Report including NPC Monthly Report:

Erik indicated the report was included in the packet. Erik highlighted the replacement of the nurse call system scheduled for this month. They are also replacing the fencing at Nicolet and that will happen next week.

ANDREWS / LAUNDRIE moved to receive and place on file.
Motion was carried unanimously.

8. Financial Report for Community Treatment Center and Community Programs.

Eric Johnson joined the meeting by telephone. Eric Johnson stated his report is the final results for the year 2016. Eric explained for the CTC, the final financial results for CTC show a deficit of \$2,146,618 compared to amended budget deficit for the year of \$1,278,885 for an overall unfavorable budget variance of \$867,833. The report also shows the impact of the CBRF rebilling adjustments that were required by DHS. 2014, 2015 and 2016 impacts total up to \$883,630 which is a little more than the budget variance. If it wasn't for those unanticipated billing adjustments, CTC would have ended the year slightly favorable compared to budget with a variance of approximately \$15,000. Eric states in terms of what we had control over, it was basically a break even for the year compared to budget. Due to significantly higher census than originally projected, budget amendments were recorded to both revenues and personnel costs. A budget adjustment of approximately \$475,000 was also recorded to match an unfavorable pension expense adjustment. Following these budget adjustments, overall expenses ended the years \$182,047 under budget primarily to labor expense less than anticipated at the time of the above noted budget adjustments.

Community Programs had an ending favorable budget variance of approximately \$1.4 million. The most significant change, compared to what was anticipated, was a WIMCR cost reporting settlement of approximately \$1 million over budget, higher audit refunds and additional revenues from higher than anticipated services provided during the year. Overall that ended the year with a favorable bottom line. This created 2016 net income of \$360,071 for Community Programs which was a \$1,454,155 favorable budget variance for the year.

CLANCY / GRASCHBERGER moved to receive and place on file.
Motion was carried unanimously.

9. Statistical Reports:

- a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
- b. Child Protection – Child Abuse/Neglect Report.**
- c. Monthly Contract Update.**

LINSEN / HYLAND moved to take items 9a, b, c together and receive and place on file. Erik pointed out the length of stay at Nicolet. People are staying a week on the unit. That is a change they are watching because it indicates there are some acuity issues. In admission by county and there were 205 admissions but 166 were from Brown County. As a percent, our other county admissions are still lower historically than they had been. He states other counties don't have the ability to use our facilities because we are full. That does affect what we can do for the regions and it also affects our revenues in some ways.
Motion was carried unanimously.

10. Request for New Non-Continuous Provider & New Provider Contract:

ANDREWS / LAUNDRIE moved to receive and place on file.
Motion was carried unanimously.

11. Other Matters:

Next Meeting: Thursday, May 11, 2017
5:15 p.m. – Community Treatment Center, Room 365

- 12. Adjourn Business Meeting:**
LAUNDRIE / ANDREWS moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 6:04 p.m.

Respectfully Submitted,

Patti Zich

PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding mental health treatment on Tuesday, April 18, 2017 in Green Bay, Wisconsin.

Present: Chair Guy Zima, JOSHUA Representative Cheryl Weber, Green Bay Police Department Officers Barb Gerarden and Karma Allen, Brown County Jail Security Lieutenant Scott Brisbane, Human Services Director Erik Pritzl, Hospital Administrator Luke Schubert, Director of Administration Chad Weininger, Assistant Corporation Counsel Rebecca Lindner, Sheriff John Gossage, Behavioral Health Manager Ian Agar, Dave Dunlap, Martha Ahrendt

Excused: Citizen Member Pat La Violette, Retired Security Lieutenant Phil Steffen, Judge Zuidmulder

I. Call meeting to order.

The meeting was called to order by Vice Chair Hoyer at 12:00 pm.

II. Approve/modify agenda.

Pritzl said Items 3 and 7 can be taken together and Zima added that Sheriff Gossage has to leave early and his items should be handled at the beginning of the meeting.

Motion made by Cheryl Weber, seconded by Erik Pritzl to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of March 15, 2017.

Motion made by Erik Pritzl, seconded by Rebecca Lindner to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Although shown in the proper format here, Item 2 was taken at this time.

1. Report re: Sequential Intercept Mapping.

There was no specific discussion in this topic.

2. Mental Wellness Connection Information – Martha Ahrendt, Guest.

Martha Ahrendt introduced herself to the group. She is the Executive Director of Connections for Mental Wellness which is an initiative of the community and associated with the American Foundation for Counseling Services. Their steering committee is made up of 14 different non-profit healthcare providers, local organizations and individuals who have come together to address mental health needs within the community without the silos to try to leverage funds and efforts in an attempt to move together within the County.

Ahrendt talked about the mental health landscape in Brown County and this came partially out of the sequential intercept mapping, but she noted that her group was already working on figuring out what tables are meeting to discuss mental health in the community, what their priorities are and what the contact information is. They were not looking at individual providers or services, but more at different groups that are meeting to address mental health issues. They are also working with the Brown County Mental Health Task Force as they have a lot of people involved in this as well. The ultimate goal is to create a website-based platform that lays all of this information out. Ahrendt distributed a document entitled "Mental Health Landscape in Brown County, a copy of which is attached, and noted that it is a preliminary draft.

Ahrendt continued that they are looking at four areas: primary efforts focused on mental health, support efforts, processes and hub. As they worked through this they wanted to lay out what the priorities are for each of the groups. She explained how the website will work and said that someone would be able to click on an area of interest and find all of the resources that relate to that particular area of interest, including contact information.

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Ahrendt continued that the primary efforts are those that are set up to deal with mental health and related issues like alcohol and drug abuse. The supportive efforts are those that do not have a primary focus on improving mental health; they are focused on other things as supportive efforts. The processes are different things that are happening in the community that help with engaging individuals who have mental health issues in different ways. The hub is really the community entranceway into the system. Ahrendt reiterated that the handout is in draft format.

Zima asked how this would become a tool for the community. Ahrendt responded that this will all be on their website and they are hopeful it will be one of the reasons people come to their website. They would also like to see this information linked across different platforms and they expect that those included on this list can also link to the information as a resource. Ahrendt said her group sees the website as more for the organizations working on mental health than it is for individual consumers. It is really about the tables that are meeting and as the conversations are ongoing they will all understand that there is a place to go for various different initiatives so when something comes up in a meeting they can see where the connections are. Pritzl said if someone comes to this group, this group would be able to refer them to the map of services and information. Ahrendt said individual stakeholders who have interest in something typically have a passion for it and this is a good place for them to see what is already happening in the community and become aware of what other conversations are happening.

Dave Dunlap informed that he used to be with the Human Services Department. He asked if there is any university component to this and if there is information that would be helpful to the public resource agencies such as the Human Services Department or law enforcement agencies to evaluate the framework and whether national targets are being met by both public and private organizations. Ahrendt responded that there are a few places that do those evaluations in the community. She said the Strategic Research Institution has an evaluation component to what they do and, in addition, the Center for Public Affairs at UWGB also does evaluations for those types of things. They are not necessarily in mental health, but they are experts in the evaluation part and Ahrendt said they are not connected to this as they are not having those discussions about mental health, but they are engaged in other ways in some of the work around mental health in the community. Dunlap feels it would be useful if that data could be incorporated into the website so the evaluation statistics could be made available to the community.

Cheryl Weber said what Ahrendt described is a very small part of what Connections for Mental Wellness does, but it is something they are doing to try to fill the first gap from the sequential intercept mapping. Behavioral Health Manager Ian Agar added that the table identifies what groups are out there, and who is working on what to prevent duplication and help the systems and organizations navigate what is out there and may help in collapsing the number of agencies that are working on the same initiatives. Part of the sequential intercept mapping results were that there were too many agencies working on the same thing and the number of agencies working on similar issues should be collapsed. Ahrendt said it would be up to the committees doing the work to recognize that there are other tables having similar conversations. Zima pointed out they all have different funding sources and Ahrendt agreed and said that although there may be multiple organizations having conversations about different things, hopefully they can work together and avoid duplication of efforts.

Zima said his goals for this committee are to expand mental health services through longer term programs and also get some transitional housing so people have a place to go as they step back into the community to prevent them from falling back into the problems that got them in trouble in the first place. The sub benefit of this would be decreased jail population. Zima asked Ahrendt to be sure that people know about this committee and what we are trying to do and that they are welcome to attend our meetings. Zima said the County is at the stage of looking at building on at the jail and he would rather see some of those funds or some additional funds put towards getting mental health issues in the County taken care of. He does not like the bureaucratic discussions and is glad that people want to connect with each other, but he would also like people to know about this group.

Ahrendt also talked about their school-based mental health initiative and provided a handout, a copy of which is attached. She said they have been working on the initiative for about a year and noted that they have school districts and mental health care providers sitting at the same table having conversations and trying to create protocols and guidelines for implementing on-site mental health services at schools to provide one-on-one counseling at the school. The work has been centered around trying to create some efficiency so every provider does not talk to every school; they are trying to set standard guidelines and protocols, both from the mental health care provider side as well as the school district side so they know what they need to provide, what staffing would be needed, what the protocols are regarding confidentiality, etc. The second issue is that there are not enough mental health providers to cover the need in Brown County so the school districts and providers are having

conversations on how to set priorities as a county to determine what and where the greatest need is and they are having conversations regarding prioritizing between schools and school districts. She noted that one-on-one counselling is the most expensive intervention there is so if a large number of students in a school need one-on-one counseling, there can be conversations regarding other types of universal intervention. She continued that there have been a number of pilots in the community in the last year and they are hoping to expand to a number of additional schools in the fall based on the conversations they have been having.

3. **Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**

This item was discussed together with Item 7; see discussion at Item 7 below.

4. **Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Sheriff John Gossage provided the group with an update on the recent National Institute of Corrections visit to the jail for their study with the mental health component. When the original KIMI study was done on the jail, the mental health center was attached to the jail with the idea that the food service and mental health services could be shared between the facilities. When the meal plan fell through and the CTC went out on their own, the component of mental health services was no longer existent at the jail in that there was no step-down pod to help people move back to the general population. Zima recalled that the majority of the Board did not want the stigma of a jail connected with mental health problems, even though the two populations co-exist. He said we have to decide if we are going to spend resources building mental health services within the jail or expand other facilities and try to move people into it or a little of each. Zima feels we do need some resources at the jail to handle those with mental illness who cannot be transitioned into another program. He would like to explore sharing positions in the table of organization between the mental health program and the jail program to provide the mental health services needed for those who cannot be transitioned out to another program. Gossage responded that one of the challenges is that the jail uses a contracted service for mental health services. One of the things identified in the NIC study was the overwhelming amount of work being conducted by the one psych nurse the jail has. He is attempting to work out some type of agreement to budget next year for another staff nurse in the facility as he feels this will greatly assist the needs. Gossage did not know if this would help alleviate the overcrowding issues, but it would help address the needs of those in the jail with mental health disorders. Zima feels the focus needs to be on trying to get people into treatment rather than into jail and doing some preventative stuff to keep them from ending up in the jail in the first place is needed.

Pritzl said Zima is talking about two different populations. The population the Sheriff is talking about is those within the jail and how to provide good services to them once they have been through the criminal justice process and how to get them ready for discharge, and this is where the jail liaison comes into play. Weber asked if some of these people that are released from the jail can go to the day report center. Jail Lieutenant Scott Brisbane said that that is something that is individually based and depends upon what the charges are. One of the things they talked about was getting another staff member at the jail to help with the mental health population as this would alleviate some of the pressure on the current mental health staff person and would also help with the transition to the jail liaison and then the liaison getting them back on the street and addressing their needs once they leave jail in an attempt to curb recidivism. He feels this is a huge thing that can help with transition. Pritzl said the re-entry position is critical and is working, but there is only one person doing the job and, further, she meets with the people while they are still in the jail, but she does not meet with them again to follow-up once they are released.

Zima said having some type of transitional housing in the vicinity of the mental health center where people can live and get treatment to help them transition back into the community in an environment different from the environment they came from would be helpful. He also talked about commitments and Pritzl said there was a dip in commitments in 2012 but then started to trend up after that. Because there is a larger number of detentions now, the case load continues to rise and monitoring them is not as easy as it once was. Assistant Corporation Counsel Rebecca Lindner said Corporation Counsel only has one person and one day to do commitments. They are looking at trying to get a little help to make the court process go more smoothly and help ensure that everyone is connected to services before they are released. Zima said when people are ready to leave the jail, there needs to

be a process in place to determine which people need more help and we have to have a way to get it for them either voluntarily or involuntarily so there is something in place to deal with the problems that exist so these people do not transition right back into the jail. He feels there are a lot of people in the community who want some sort of treatment program for these people. He has received a lot of positive feedback for something like this in the community and we need to get something in place. He is getting impatient because the problems never seem to be solved. If there are additional positions needed in the table of organization, he would like to see those included in the next budget. He would also like to get some transitional housing built and also expand the mental health services in the jail. He does not want to study this forever and never do anything about it and let it fade away. He feels strongly about this and said that this is an obvious plan that we should be developing.

Brisbane reported that the jail is currently at 93% capacity and busting at the seams and they are also shipping 40 people out. He said that being able to triage the mental health people would help tremendously

5. Discussion re: Recertifying County operations to return to previous services providing long-term care.

Zima said he wants the County to have its own facility and not be dependent on other facilities and filling beds at facilities trying to make a buck. He is trying to save money and have a program that functions in providing something good for the people of Brown County. He would like to see a one-stop place right at the hospital, not at some private facility who wants to grab our money. We have to get something that is permanently good for the community like we used to have. This is an area that he feels the private sector does not have much to offer except high prices. Pritzl said the County pays at the same competitive rate to the facilities we contract with and Agar said it is the Medicaid rate for room and board. Zima would rather see those revenues come right to a County facility with the goal of getting a job done. Weber questioned if the County would be able to staff a hospital and noted that we just talked about the shortage of staffing and, further, she recalled that at an earlier meeting there were discussions regarding the County having difficulties hiring staff. Weber said that there are 80 beds in Bellin that we cannot put people in because they do not have a doctor or nurse to see the people. Pritzl agreed this is something that we would have to look at long-term and whether the County could sustain it and deal with the funding limits we have.

Zima said the mission when this Committee was created two years ago was to create a long-term facility and take care of the long-term needs of people. Weininger noted there is a shortage of staff and it will only get worse. Zima said it seems we are throwing money away sending people a long way away from their families and he would like to see the money funneled back to the County by having our own facility.

Green Bay Police Officer Barb Gerarden said law enforcement would like to see a one-stop shop receiving center where there is medical personnel to do some of the minor medical clearance to help reduce police officer time. She feels this would help mainstream the process for both the patient and law enforcement. Zima asked Agar if he would work with the administration as well as Schubert and Pritzl to put together a rough budget for both building and staffing a model like we are talking about so it can be presented to the County Board sooner rather than later. Gerarden talked about a model that is used in Florida as well as in Milwaukee and Weber asked if it would include putting Crisis at the facility. Agar said you cannot necessarily put Crisis within a medical facility because there are federal and legal issues. Gerarden feels what would be ideal would be to have crisis assessment, psychiatric and medical capabilities. Schubert said there is a medical director of medical health and a medical director of psychiatry for the building. The medical director of psychiatry spends most time in the hospital and a little at the CBRF and as needed in the nursing home while the medical director's case load is the nursing home patients, but he does staff as needed at the hospital and CBRF. Gerarden said sometimes people are taken to the Crisis Center and then the hospital and sometimes they go to the hospital and Crisis can mobile out, but overall they are still making too many physical stops with the person. Three stops is the average, but four stops is not uncommon.

Zima reiterated he would like staff to put together an idea to see if we can find a way to fund it by pulling money from other directions and if this can also realistically take some people out of the jail and reduce the needs for space, it would be easier to justify through the County Board. Agar said one of the things that was discussed was a 20 some bed facility for the long-term needs of people currently at Trempealeau and he also heard the one-stop shop model that keeps coming up and asked Zima specifically which one of these models he would like addressed. Zima responded that he would like to see both of these addressed. Lindner added that they are looking at the Crisis Center contract and trying to determine if some of the functions could be performed in-house to make it more convenient. Gerarden added that some of the people with long histories are better known to the social workers than the Crisis counselors and she feels this would be a good idea. Zima asked if nurse practitioners that can

prescribe medications are difficult to find and Agar responded they are very difficult to find and noted that he has been looking to hire one for the past three years. Zima feels the qualifications for being able to prescribe psychotic drugs is way too high and he would like to get some attention to this at the state or federal level. He feels that communities should not be going broke trying to find someone qualified to give medications to help straighten people out. He would like to see some type of training program specific to teaching people how to treat people with psychosis that does not take 15 – 18 years. Lindner recalled that a while ago there was a push to allow psychologists to be able to prescribe, but that was not approved.

6. Update re: Outreach efforts.

There was no specific discussion in this topic.

7. Regional Utilization of Trempealeau County Health Care Center.

Pritzl provided a handout regarding utilization of Trempealeau facilities, a copy of which is attached. Trempealeau Health Care Center is a long-term placement facility for people with mental health issues. Brown County does not have a long-term mental health facility at the same level as Trempealeau County. Government has to be very careful because the failure margin is not like other places; if services fail, public resources fail and that is significant. The handout shows what is being spent as a region on long-term placements. The long-term notion is something that has to be looked at in some way because over \$1.5 million dollars is being spent each year on Trempealeau placements. With that in mind, when the Executive Committee asks about long-term projects and ideas, one of the things on the list is an addition at the CTC to handle these types of cases. This can be discussed further at an upcoming meeting because it is currently in the information gathering phase. Zima feels these issues need to come before the Human Services Committee so they can get on the priority list as soon as possible. He feels time is being wasted and he would like to see some proposals.

Director of Administration Chad Weininger asked if this is something that Pritzl is thinking of for the 2018 budget. Pritzl would like to see funds in the budget but noted that it would probably require bonding and building. Zima feels we could have something open by 2019 if we get in gear. He wants staff to get a timeline of when this can be done as money is being spent sending people to Trempealeau County and Winnebago County when it could be spent here taking care of our people. There could even be a chance to make a little money to help defray the costs. Zima wants to see proposals as soon as possible to get something going. He feels transitional housing should be done in conjunction with jail expansion and be located near it. Pritzl said the CTC addition has a rough estimate of \$250,000 based on construction square footage costs that are industry estimates but this does not include staffing or licensing or things of that nature.

Zima asked how many bed we are talking about for a longer term facility and Pritzl responded that it was in the area of 15 – 20 beds. Zima said the locked unit is already pretty full and Pritzl cautioned against building acute psychiatric beds in Brown County because there are enough physical beds in existence in Brown County. The problem is providers and staff. Pritzl said there are 80 beds at Bellin and 72 at Willow Creek. If the County were to build acute beds, the possibility of staffing them is pretty limited because everyone is competing for the same pool of resources of nurses and psychiatrists. Zima pointed out that Bellin and Willow Creek are looking for paying customers while the County is interested in taking care of our mentally ill and trying to reduce jail population and giving those people a better place to live.

Hospital Administrator Luke Schubert said the next step would be to get a breakdown of how many people are in each certified location of the facility to better understand the licensing and programming. Dunlap recalled when he was with the Human Services Department there was a County farm, an 83 bed hospital and about 140 beds in a long-term care facility. There was also a lot of room and board type facilities that the County had contracts with. He said there is a revolving door system in the jail and many of those same people have a revolving door into the mental health system. Over the last 20 years the County has gone from a 200 bed jail to a 700 bed jail and a much smaller mental health facility which has not really saved any money. The standards were to have less of an institutional focus and more integration into the community with places for people to go during the day to work in sheltered employment. There were places for people who did not have very good coping skills to go to stay out of trouble and have their ability to create trouble managed by case managers and other people who could intervene. Dunlap continued that when he hears that 80 percent of people in the jail have mental health needs, it seems that there has been a massive system failure in mapping this whole thing out and there have been tradeoffs and he feels getting a good handle on what the tradeoffs were and whether the County is making the best use of the resources

we have is what we need to look at. He noted the economy has changed and things are less affordable and corrections and mental health housing are the most expensive options and the natural environment has become much harder to survive in.

Zima pointed out that the County is still spending over a million dollars outside the County and he feels that we can bring that right back into the County and serve more people. Dunlap said the big picture needs to be looked at, including the staffing and operational costs. He noted that most other countries in the world have about half the incarcerated individuals as the United States does. Zima said the Sheriff is going to get money for jail expansion which is going to suck up all the oxygen in the community to expand any programs. Zima needs this committee to do whatever it takes to be sure that we get a shot at some of the money to get something in place. The planning for all of this needs to happen now and this group needs to get the project forward and start developing the reasons and justifications for it before we get left behind. He feels that once the jail is built there will be no room to expand the budget. He needs some support on this.

Zima continued that having a facility here would be something that would help keep our community strong and stable. He feels building a budget to staff a facility and some building plans need to be put forward. Zima said Weininger is on this committee so he can tell the County Executive what we need and why. He feels the vast majority of the community is in support of this and we need to get something before the County Board as soon as possible. We are not making the progress that he would like to make on these initiatives.

Pritzl was happy to report that there is now emergency department access for Crisis across all of the facilities. The things that still need to be worked out are when the key time to call Crisis is and who will make the call and making sure that all hospital staff know that Crisis can come in.

8. Update re: Safe, Supportive Housing.

This item was discussed in several areas throughout the meeting.

9. Discussion re: Juvenile justice/school system representation on this committee.

There was no specific discussion in this topic.

10. Such other matters as authorized by law.

The next meeting date was discussed and May 17 at 12:00 pm was selected.

11. Adjourn.

Motion made by Ian Agar, seconded by Rebecca Lindner to adjourn at 1:26 pm. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Alicia Loehlein
Recording Secretary

Therese Giannunzio
Transcriptionist

Mental Health Landscape in Brown County

Mental Health Initiatives, Committees, Coalitions	System & Organizational Improvement	General Mental Health Education & Advocacy	Alcohol and Other Drug Abuse	Suicide Prevention	Law Enforcement Engagement	Workplace	Children/Youth	Family	Inmates and Ex-Offenders	Middle Aged Men	Maternal
Primary Efforts											
Ad Hoc Mental Health Committee											
Alcohol Misuse Task Force			◇			◇					
Brown County Mental Health Task Force	◇	◇		◇			◇				◇
Brown County Suicide Prevention Coalition		◇		◇			◇			◇	
Connections for Mental Wellness	◇	◇				◇	◇				
JOSHUA Mental Health Committee		◇			◇		◇		◇		
Supportive Efforts											
Achieve Brown County	◇						◇				
Child Abuse & Neglect Initiative	◇				◇	◇	◇	◇			◇
Community Partnership for Children	◇						◇	◇	◇		◇
Poverty Outcome Improvement Network Team	◇										
Processes											
AODA Provider Meeting			◇								
Basic Needs Committee			◇						◇		
Coordinated Community Response Team for Domestic Violence and Sexual Assault	◇				◇		◇	◇			
Drug Court			◇		◇				◇		
EM-1 Committee	◇										
Heroin Court			◇		◇				◇		
Mental Health Court					◇				◇		
Veterans Court			◇								
Hubs											
2-1-1	◇										
Aging & Disability Resource Center	◇										
Brown County Health & Human Services	◇										
Crisis Center	◇			◇							
Brown County Human Services/ Crisis Center Mobile Crisis Team	◇			◇							

School-Based Mental Health Initiative

The School-based Mental Health Initiative connects school districts and mental health care providers to create a common system and set of protocols. The initiative is designed to help children and adolescents, especially those who have disproportionate access to care, receive the mental health care they need in their school. Secondly, it will provide additional information and resources for schools to support the mental health needs of their students. The ultimate goal is integration of mental health awareness and wellness into the school setting, and reduction of barriers students have to receiving the mental health care they need. Children are our future; early intervention with quality mental health care is key to helping students succeed!

Currently Connected within the Initiative:

- American Foundation of Counseling Services (AFCS)
- Bellin Health
- Catholic Charities of the Diocese of Green Bay
- Family Services of Northeast Wisconsin
- Green Bay Area Public School District
- Howard-Suamico School District
- Prevea
- Wrightstown Community School District

Other Brown County school districts, although not directly participating in the development of the initiative, support the group's goals. Districts have determined that a subgroup can make progress and create a viable system without all school districts needing to be at the table. All districts will benefit from the work, and district personnel are updated regularly.

"AFCS is excited to be part of a group of child advocates who are committed to enhancing the mental health of all children in Brown County. Providing services to children and families in settings that allow for the best likelihood of a successful outcome is an imperative step toward healthy children and families."

Julie Feld,
Director of Outpatient Services,
AFCS

Mental health needs often go undetected or untreated in youth for a myriad of reasons including unawareness of symptoms, stigma of mental illness, difficulty in accessing services, and lack of knowledge about resources. Attending to mental health needs can be daunting for families even in the best of situations. Reducing barriers to the necessary mental health care for students is critical and can be achieved by integrating mental health services into their daily school setting. Families may be more willing to seek treatment and kids likely to show up for appointments if the site is familiar and integrated into the schools. On-site mental health care at schools is a recognized best practice that has been implemented across the state and nation, but has not been readily available in Brown County.

Connections for Mental Wellness is a community-wide initiative bringing together and facilitating diverse groups of stakeholders to help address community issues related to mental health and mental health care that cannot be solved by one organization alone. The mission of **Connections** is to transform the mental health of our community through collaboration, education, and enhanced systems of care. The School-based Mental Health Initiative is a working group of **Connections**.

Connections
for Mental Wellness
(920) 606-9192 • connectionsmbw.org

21d

Why do we need a School-based Mental Health Initiative?

Children and Youth Are Suffering:

- One in five children ages 13-18 have, or will have, a serious mental health disorder. (NIMH)
- 50% of all lifetime cases of mental illness begin by age 14, and 75% begin by age 24. (Kessler et al., 2007)
- Wisconsin youth have the second highest prevalence of severe major depressive episodes in the country. The average delay between onset of symptoms and intervention is 8-10 years. (Mental Health America, 2016)
- Suicide is the 2nd leading cause of death for youth in Wisconsin. (CDC/DPI)
- In 2013, more than half of Wisconsin adolescents surveyed said their mental health was not good at some point in the past month; one in 10 said they had considered suicide in the last year; more than 900 Wisconsin youth ages 10-17 went to the emergency room after hurting themselves. (DPI, 2007)
- Between 60% and 90% of children with mental health disorders do not receive treatment, translating to 104,000 - 157,000 school-aged children in Wisconsin annually not receiving the treatment they need. (DPI, 2013)
- Of those children that do receive treatment about three-quarters of them are receiving services in schools only. (Burns et al., 1995)
- "Given schools' unique ability to access large numbers of children, they are most commonly identified as the best place to provide supports to promote the universal mental health of children." (CASEL, 2008)

Shortages of Mental Health Providers in Schools

Pupil Services	¹ Wisconsin Pupil Services Ratios	National Organization Recommendations
School Counselors	466 : 1	250 : 1
School Psychologists	956 : 1	500 - 700 : 1
School Social Workers	1,050 : 1	250 : 1
School Nurses	1,596 : 1	750 : 1*

¹Data from the Department of Public Instruction, 2012.

*750 to 1 for students in the general population, 225 to 1 in the student populations requiring daily professional school nursing services or interventions, 125 to 1 in student populations with complex health care needs, and 1 to 1 may be necessary for individual students who require daily and continuous professional nursing services. (Data from the National Association of School Nurses, 2010.)

Interested in more information?

Contact Martha Ahrendt, Ph.D.
Connections for Mental Wellness
at (920) 606-9192 or email at
director@connectionsmdw.org.

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6126

Erik Pritzl Executive Director

To: ad-hoc Mental Health Committee

From: Erik Pritzl, Executive Director

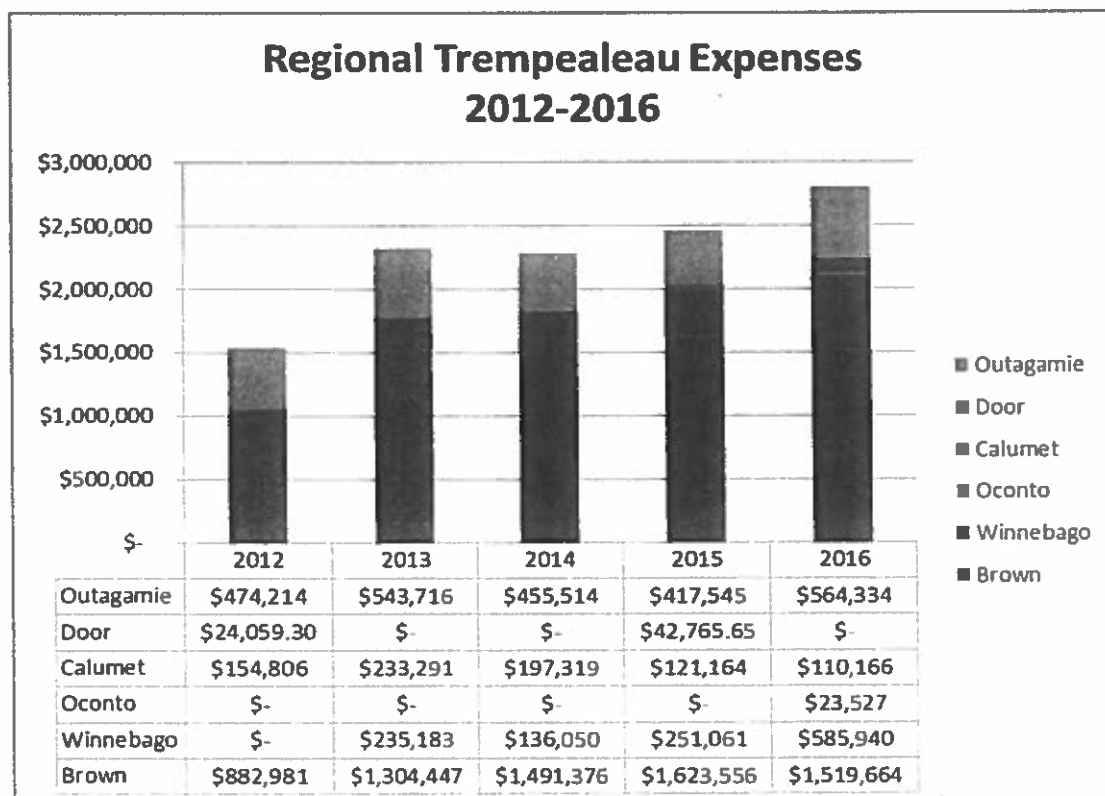
Date: April 18, 2017

Re: Trempealeau County Health Care Center Utilization

Recently the committee has been discussing the utilization of the Trempealeau County Health Care Center located in Trempealeau, WI. The Trempealeau County Health Care Center is one of three licensed Institutes for Mental Disease (IMD's) in the State of Wisconsin. The IMD Nursing Facility consists of 112 beds in the following categories:

- 77 Secure Beds
- 23 Unsecure Beds
- 12 Gero-Psych Stabilization Unit Beds

In response to the questions about Brown County and regional utilization, information was requested from counties in the Northeast Wisconsin region, and the chart below represents the collected responses covering a five year period from 2012-2016:



71d

**PROCEEDINGS OF THE BROWN COUNTY
VETERANS' RECOGNITION SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the **Brown County Veterans' Recognition Subcommittee** was held on Tuesday, April 18, 2017 at 4:30 p.m. in Room 201 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

PRESENT: Joe Witkowski, Duane Pierce, Delores Pierce, Louise Dahlke, Jerry Polus, Joan Brusky, Jim Haskins
EXCUSED: Chair Bernie Erickson, Ed Koslowski

****Running Total of Veterans' Certificates: 1781**

1. Call Meeting to Order.

The meeting was called to order by Jerry Polus at 4:31 pm.

2. Invocation.

No invocation was given.

3. Approve/Modify Agenda.

Motion made by Joe Witkowski, seconded by Delores Pierce to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

4. Approve/Modify Minutes of March 21, 2017.

Motion made by Joe Witkowski, seconded by Duane Pierce to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

5. Update re: Honor Rewards Program.

CVSO Jerry Polus informed there are currently 82 businesses participating in the Honor Rewards program. In addition, 194 cards have been issued to veterans to date. Although the requests for cards have slowed down somewhat, several requests do come in every week and overall the program is doing well.

6. Update re: 2017 Veterans' Appreciation Day at the Brown County Fair.

a. Set Timeline.

Polus informed he followed up his earlier request to the Navy Band to perform at the Appreciation Day but they acknowledged again that they cannot make a firm commitment until 60 days out so he feels it is important to have a plan b of a high school band or other group. He will continue to keep this group advised of what he hears from the Navy Band.

Dahlke said the Fair will be working to get flyers printed soon and she asked about the timeline for the event. After discussing this, it was determined that the tents would be open from 10:00 am – 4:00 pm with the ceremony being held at 3:00 pm. Dahlke also referenced a letter, a copy of which is attached, which confirms some of the things discussed at the last meeting and reiterating that the Fair Association would really like the Veterans Appreciation Day event moved to Sunday.

A discussion was also held with regard to the recognition at the event and it was confirmed that the honorees will be Purple Heart recipients and disabled veterans.

1e

7. **Report from CVSO Jerry Polus.**

CVSO Jerry Polus reported he will be participating in an estate planning program hosted by Resurrection Lutheran Church on April 29 from 12:30 – 4:30. The ADRC, a local law group, and Proko Wall Funeral Home will also be participating in this event. This is a public seminar and will cover a number of important topics.

Polus also informed he recently received a call from the Red Cross who indicated they will be holding a blood drive on July 3 and they asked if any veterans' organizations would like to participate, more for recognition of veterans. The information provided to Polus was not very specific and he feels further discussion on this can wait until the next meeting. The initial consensus of this group was that it would probably be difficult to get a good group together because of the 4th of July weekend. This topic will be placed on the next agenda for further discussion.

8. **Possible Outing for PTSD Veterans.**

This item will be discussed at the next meeting as Chair Erickson was not in attendance at this meeting.

9. **Report from Committee Members Present (Erickson, Dahlke, Haskins, Koslowski, Pierce & Witkowski).**

-Dahlke did not have anything additional to report.

-Haskins reported he read on the VFW website that two Vietnam MIAs have been found and their remains are coming home. Both were killed on June 30, 1967 when their helicopter was shot down. He also talked about Vietnam Veterans Day which is observed on March 29 and is celebrated to recognize those who died in Vietnam and those who did not return.

Haskins concluded his report by reading an article about himself that appeared in his neighborhood's bulletin.

-Pierce reported that on April 22 there will be a Marine-themed Corvette on display at the Festival Foods on University Avenue. He also reported that May 6 is Military Spouse Appreciation Date. He also informed that the annual Veterans Pow Wow in Keshena will run from May 19 through May 21. This year they will be bringing up the Flame of Freedom from Mississippi. This is something that was started by the Mississippi Chapter of Rolling Thunder. He will have more information available on this at the next meeting.

-Witkowski did not have anything to report.

10. **Such Other Matters as Authorized by Law. None.**

11. **Adjourn.**

Motion made by Jim Haskins, seconded by Duane Pierce to adjourn at 4:55 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary



BROWN COUNTY FAIR ASSOCIATION, INC.

P.O. Box 472 De Pere, WI 54115 920-336-7292
www.browncountyfair.com

April 12, 2017

Brown County Veterans' Recognition Subcommittee
Mr. Bernie Erickson, Chair
305 E. Walnut Street
Green Bay, WI 54305

Dear Bernie:

As a follow up from your meeting of March 21st the Veteran's Appreciation at the Brown Country Fair for 2017 will be held on Saturday, August 19th. We want to confirm from that from that meeting, all future years the Veteran's Appreciation will be held on Sunday of the Fair.

We have our dates set for the next few years, in 2018 it will be August 19th, in 2019 it will be August 18th and in 2020 it will be August 16th, hopefully this will help in planning.

With having our dates scheduled out to 2020, we reached out about the possibility of getting the Huey Helicopters in. Unfortunately, the week of our Fair is the same as their Annual Open House, so unless one of our events changes their schedule we will not be able to get them at our Fair.

If you have any questions, please let me know.

Thank you,

Kathy Ambrosius
Brown County Fair Association
P.O. Box 472
De Pere, WI 54115
920/336-7292

2017 Fair Dates: August 16th – 20th

6/12

SYBLE HOPP 2017-18 BUDGET

Account Description	Fiscal Year Ending 6/30/16 Actual Amount	Fiscal Year Ending 6/30/17 6-Month Actual Amount	Fiscal Year Ending 6/30/17 Estimated Amount	Fiscal Year Ending 6/30/17 Adopted	Fiscal Year Ending 6/30/18
Fund: 230 - Syble Hopp School					
Revenues					
Property Taxes	2,802,612	1,401,306	2,802,612	2,802,612	2,863,682
Handicapped Aid	1,212,796	362,978	1,210,000	1,216,000	1,340,000
State Food Service Aid	830	-	782	1,000	1,000
General State Aid	1,527,076	-	1,510,000	1,500,000	1,500,000
High Cost Kids	-	-	8,000	35,000	8,000
Federal Food Service Aid	22,866	8,683	33,637	36,268	29,858
Value of Commodities	6,604	-	5,600	5,600	5,600
Pupil Lunch/Breakfast Fees	27,164	13,144	29,000	35,000	35,000
Adult Lunch Fees	491	416	900	1,200	1,200
Student Fees	2,055	2,458	2,500	2,500	2,500
Student Fees - SOAR	25,681	20,505	28,005	22,000	27,500
Tuition (Non-Open Enrollment)	261,445	171,376	279,493	296,000	275,000
Medicaid	318,666	43,437	231,280	250,000	255,000
CESA - Transit of Aids	212,772	-	156,000	213,938	35,560
Districts - Flow Thru	55,993	-	60,624	67,000	175,000
Districts - EC Dollars	33,644	-	35,060	35,060	35,060
CESA - Reimbursement of Subs	1,674	-	200	2,000	-
Duplex Rent	9,000	4,500	9,000	9,000	9,000
Interest on Investments	21,383	12,245	24,833	22,000	23,000
Miscellaneous	25,908	54,981	55,903	11,000	28,900
Revenues Total	6,568,660	2,096,029	6,483,429	6,563,178	6,650,860
Expenditures					
Salary: Teachers & Subs	1,723,110	614,374	1,835,212	1,799,053	1,861,441
Salary: Therapists	410,929	210,569	695,454	708,509	811,996
Salary: Administration	255,023	198,010	355,861	360,405	383,310
Salary: Aides	657,133	242,466	746,765	801,096	778,879
Salary: Clerical	15,582	19,213	43,588	39,124	45,793
Salary: Custodial	17,400	14,577	28,035	27,261	59,778
Casual Payout	-	-	19,000	22,800	23,860
Ret.-Employers Share	186,310	143,270	242,133	247,277	254,270
FICA - Employers Share	223,601	95,064	282,236	287,422	303,324
Worker's Compensation	8,154	4,385	15,743	10,200	24,338
Unemployment Compensation	7,278	3,035	8,182	9,369	9,913
Life Insurance	4,599	1,648	4,328	5,193	3,893
Health Insurance	668,918	233,882	822,993	823,725	813,875
Dental Insurance	59,155	22,819	71,056	79,012	77,421
LTD Insurance	13,872	7,621	15,333	16,780	21,862
STD Insurance	17,141	13,403	27,056	30,123	35,136
Board of Education	40	60	400	480	480
Bus Aide License/Other Emp Benft	-	-	-	300	300
Purchased Personal Service	45,045	30,054	77,383	75,505	61,620
Audit	5,700	4,500	5,800	5,800	5,900
Inservice	4,860	4,234	6,706	7,624	11,573
Attorney Fees	3,686	186	4,800	5,000	5,000
Student Transition	-	-	1,500	6,000	3,500
Swimming Program	1,300	-	650	650	700
Copier Agreement	3,620	1,671	3,200	3,400	4,400
Operational Services	41,215	19,249	31,085	31,520	27,551

SYBLE HOPP 2017-18 BUDGET

Account Description	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year
	Ending 6/30/16 Actual Amount	Ending 6/30/17 6-Month Actual Amount	Ending 6/30/17 Estimated Amount	Ending 6/30/17 Adopted	Ending 6/30/18
Maintenance Services	9,108	15,422	24,444	9,550	10,750
Postage	1,666	705	2,500	2,500	2,500
Printing	3,182	1,947	3,350	3,200	3,300
Telephone	3,270	1,639	3,187	3,520	3,100
Property Assessment	2,694	2,981	2,981	2,800	3,000
Payment to State	3,029	1,658	2,486	2,000	2,000
General Supplies	28,052	18,782	28,677	27,950	31,290
Workbooks	123	828	900	1,425	1,425
Computer Software Supplies	5,141	4,497	7,507	5,683	3,700
Food	11,064	2,212	7,300	11,770	7,720
Medical Supplies	-	54	200	300	600
Paper	1,656	893	2,044	1,900	2,300
Periodicals	30	139	209	50	75
Programmed Computer Software	4,000	4,000	4,000	4,000	21,000
Other Non-Capital Equipment	2,582	1,270	2,605	8,205	12,475
Pupil Travel	578,064	243,243	594,486	654,731	632,625
Gas for Heat	13,360	4,553	17,089	32,000	23,000
Electricity (Non Heat)	57,079	29,733	58,955	55,000	59,000
Water	5,980	2,539	5,739	6,400	6,400
Sewerage	5,794	2,446	5,646	5,700	5,800
CESA	870,990	183,754	203,141	202,523	41,270
Duplex for Independent Living	2,598	1,292	2,712	3,230	3,190
Transit of State Aids	60,680	17,360	63,400	74,000	70,500
Dues and Fees	570	1,600	1,713	1,425	2,900
Equip. Purchase/Addition	6,140	53,303	53,303	-	55,000
Employee Travel	5,668	1,648	4,657	3,885	3,575
Travel-Special Olympics	121	-	200	200	200
Vehicle Registration/Transit Tokens	16,023	1,986	3,500	3,600	4,300
Fuel-School Owned Vehicles	2,849	949	2,164	5,500	5,500
Travel-Board of Ed.	-	-	-	375	375
BC Indirect Costs	67,693	27,955	65,125	58,554	67,238
BC Insurance Chargeback	24,893	11,824	25,384	27,116	33,789
Expenditures Total	6,167,770	2,525,502	6,544,103	6,622,720	6,750,010
Revenue Grand Totals:	6,568,660	2,096,029	6,483,429	6,563,178	6,650,860
Expenditure Grand Totals:	6,167,770	2,525,502	6,544,103	6,622,720	6,750,010
Net Grand Totals:	400,890	(429,473)	(60,674)	(59,542)	(99,150)

Syble Hopp School

Position	FTE	Base	Cost
Administrator	1.00	120,000	120,000
Teachers, Therapists, Aides and Subs	87.05	3,362,883	3,362,883
Administrative and Office Staff	4.40	300,689	300,689
Maintenance and Cook	2.20	58,606	58,606
	94.65	3,842,178	3,842,178
Salary Adjustment			99,019
Casual Payout			23,860
Regular Earnings			3,965,057
Fringe Benefits			1,544,032
2018 Total Compensation			5,509,089

June 21, 2017

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**RESOLUTION IN SUPPORT OF STATE FUNDING
FOR COMMUNICABLE DISEASE CONTROL**

WHEREAS, neither Brown County nor the State of Wisconsin have a dedicated, stable funding source for infectious disease control and prevention; and

WHEREAS, a strong public health infrastructure is essential in a globalized world that provides great opportunity for the spread of infectious disease, but many local health departments across Wisconsin struggle to find sufficient resources to address this issue, making carrying out basic disease prevention functions a challenge; and

WHEREAS, diseases, such as Tuberculosis, Influenza, Measles, Pertussis, Hepatitis C, HIV/AIDS, Syphilis, Gonorrhea, and emerging diseases, such as Zika, Ebola, and Middle East Respiratory Syndrome, threaten individuals' health, safety, and general quality of life; and

WHEREAS, local health department communicable disease programs protect residents by investigating and controlling infectious diseases, collecting data, educating the community about prevention and the importance of immunizations, and caring for those affected; and

WHEREAS, Public Health Departments have been successful in controlling infectious diseases through case reporting and involvement of public health staff regarding the referral of exposed persons for screening and prevention services; and

WHEREAS, communicable disease control is one of ten essential functions of the Public Health Department.

NOW, THEREFORE, BE IT RESOLVED that the Brown County Board of Supervisors urges the State Legislature to develop and enact bipartisan legislation that provides a dedicated,

stable funding source for statewide comprehensive, sustainable, effective and evidence based communicable disease control and prevention programs.

NOW, THEREFORE, BE IT FURTHER RESOLVED that the Brown County Board of Supervisors directs the County Clerk to forward this Resolution to the office of the Governor, Assembly Members and Senators representing Brown County, Members of the Joint Finance Committee, the Wisconsin Counties Association, the Department of Health Services Secretary, and to State Health Services.

Respectfully Submitted,

HUMAN SERVICES COMMITTEE

Approved By:

TROY STRECKENBACH
COUNTY EXECUTIVE

Date Signed: _____

Authored by: Human Services

Final Draft Approved by Corporation Counsel's Office

Fiscal Note: This resolution does not require an appropriation from the General Fund. The estimated cost of the resolution is \$15.18 and is within the existing 2017 Budget.

BOARD OF SUPERVISORS ROLL CALL # _____

Motion made by Supervisor _____

Seconded by Supervisor _____

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
SIEBER	1				
DE WANE	2				
NICHOLSON	3				
HOYER	4				
GRUSZYNSKI	5				
LEFEBVRE	6				
ERICKSON	7				
ZIMA	8				
EVANS	9				
VANDER LEEST	10				
BUCKLEY	11				
LANDWEHR	12				
DANTJINNE, JR	13				

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
BRUSKY	14				
BALLARD	15				
KASTER	16				
VAN DYCK	17				
LINSSEN	18				
KNEISZEL	19				
CLANCY	20				
CAMPBELL	21				
MOYNIHAN, JR.	22				
BLOM	23				
SCHADEWALD	24				
LUND	25				
BECKER	26				

Total Votes Cast _____

Motion: Adopted _____ Defeated _____ Tabled _____

HEALTH AND HUMAN SERVICES DEPARTMENT

Brown County

111 N. Jefferson St.
P.O. BOX 22188
GREEN BAY, WI 54305-2188

PHONE (920) 448-4037 FAX (920) 448-4036 WEB: www.co.brown.wi.us

RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: April 24, 2017
REQUEST TO: Human Services Committee
MEETING DATE: May 24, 2017
REQUEST FROM: Erik Pritzl
Human and Human Services Executive Director

REQUEST TYPE: ☒ New resolution ☐ Revision to resolution
☐ New ordinance ☐ Revision to ordinance

TITLE: Resolution Regarding the Support to Secure State Funding for Communicable Disease Control

ISSUE/BACKGROUND INFORMATION:

Currently there are no dedicated, stable funding sources to local health departments and boards for surveillance, investigation, control and prevention of communicable diseases under Wisconsin State Statutes. Emerging and existing communicable diseases threaten health security, the economy and quality of life for all Wisconsin citizens. The challenges presented by infectious disease are more complex than they were even a decade ago. New microbes and mutated versions of old ones are being discovered regularly, creating real threats to the United States – including Wisconsin – in today's globalized world.

ACTION REQUESTED:

That the Human Services Committee pass the attached resolution for the County Board's consideration in support of the request for additional funding to local health departments and boards, including Brown County Public Health, in the next State biennial budget.

FISCAL IMPACT:

NOTE: This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.

1. Is there a fiscal impact? ☒ Yes ☐ No
 - a. If yes, what is the amount of the impact? \$ 15.18 – cost of mailing to 33 individuals
 - b. If part of a bigger project, what is the total amount of the project? \$ _____
 - c. Is it currently budgeted? ☒ Yes ☐ No
 1. If yes, in which account? County Clerks Budget
 2. If no, how will the impact be funded? _____

☒ COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

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BROWN COUNTY HEALTH AND HUMAN SERVICES

111 N. Jefferson Street
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Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6126

Erik Pritzl Executive Director

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: May 10, 2017

Re: Executive Director's Report

Community Services:

On May 9, 2017 there was an event sponsored by Congressman Gallagher held in Green Bay entitled, "The Real Impact of Foster Care." This was an excellent opportunity for panels of foster parents, Pals program mentors, Pals program mentees and service providers to discuss the experience of foster care and mentoring. There were many positive comments from attendees related to the services being provided in Brown County.

Mental Health Initiatives:

A summary report for 2016 was included in the packet for the meeting this month.

Community Treatment Center:

We continue to see higher utilization in the residential units of the Community Treatment Center, and a summary report with corresponding charts is attached. The higher utilization of Bay Haven includes additional Adult Protective Services consumers. It is important to highlight this because department staff members have been working on an intradepartmental charge similar to what is used for the Nicolet Psychiatrist Center. This will better reflect the costs associated with APS placements in Community Services, which are currently showing primarily as a cost at the Community Treatment Center.

The ad-hoc Mental Health Treatment Committee has requested that we look at long term service options at the Community Treatment Center, and the potential for crisis assessment services to be housed at the Community Treatment Center. Brown County has utilized Trempealeau County Health Care Center for long term placements of people with mental health needs. Spending for these placements has changed from \$882,981 in 2012 to \$1,519,664 in 2016. Other counties in the Northeast Wisconsin region utilize Trempealeau County as well. Based on replies received from five counties, regional spending has changed



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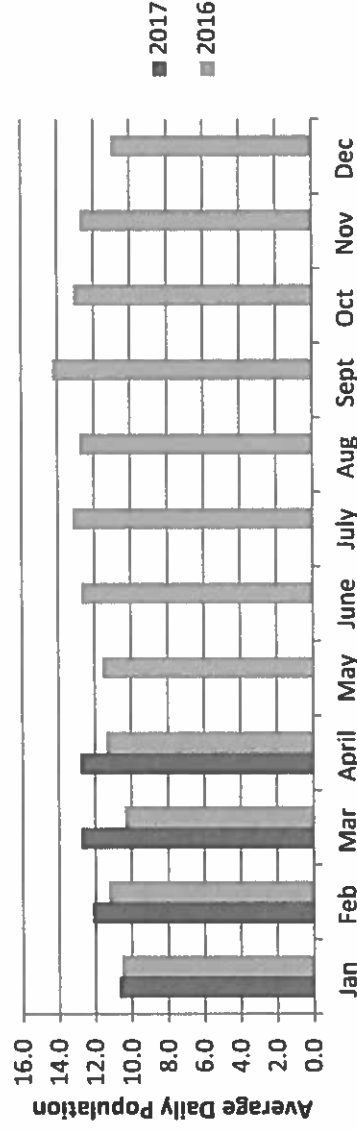
from \$1,536,060 in 2012 to \$2,803,631. Department staff members need to evaluate the licensing and programming model at Trempealeau County to determine if this is a service that can be offered in Brown County.

With regard to crisis services and assessments, department staff are analyzing available data to better understand what portion of activity is related to emergency detentions specifically, and what activity is related to other community service needs. This will help us understand the staffing model, space needs and costs associated with the different services.

Community Treatment Center (CTC) Census Overview

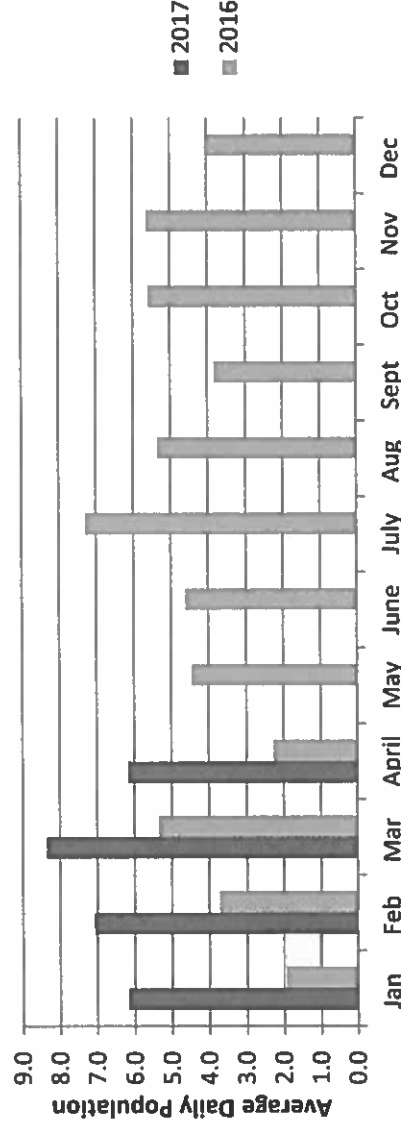
The chart to the right presents the monthly census at the Nicolet Psychiatric Center (NPC) for 2017, with a comparison to 2016. This is an average daily population for each month. There is an overall increasing trend in the number of people served on the unit for 2017, and a slightly higher average daily census compared to 2016. In addition, the length of stay is 5 days for 2017 compared to 4 days in 2016, with April higher at 6 days for an average stay.

**Nicolet Psychiatric Center Census
2016-2017**



The next chart to the right presents the monthly census at Bay Haven, the Community Based Residential Facility (CBRF) for 2017, with a comparison to 2016. This is an average daily population for each month. We continue to see census improvements in 2017 month over month, and a significantly higher average daily census compared to 2016.

**Bay Haven (CBRF) Census
2016-2017**



Mental Health Initiative 2016 Report

Brown County Health and Human Services

Erik Pritzl, Executive Director

May, 2017

Executive Summary

Approximately one in five adults will experience a mental health issue within the past year with varying levels of severity and ability to be successful in daily life, and one in twenty five live with a serious mental illness¹. This increases significantly when the jail population is looked at specifically. According to the National Association of Counties, it is estimated that 64% of jail inmates have a mental illness.². This would seem to indicate a higher rate of prevalence among inmates, but does not necessarily mean that there is a direct causal link between mental illness and criminal behavior.

When the Brown County Board of Supervisors passed the 2016 budget, they included a four-part initiative specifically for improved services for mental health and substance use needs as these two often go hand-in-hand. Some of these services are offered to provide treatment and services to people in the community, while other services are offered to people who have come into contact with the criminal justice system.

Prior to the 2016 budget being passed, the ad-hoc Mental Health Treatment Committee started meeting to explore short term and long term options. The committee identified four services to implement in 2016:

- Mobile Crisis Services Expansion: Increased staffing to provide more onsite, in-person interventions for individuals experiencing a mental health crisis.
- Detoxification Services: Funding for medically managed inpatient detoxification services in a hospital setting.
- Day Report Center: Create a Day Report Center to serve as an alternative to incarceration for non-violent adult offenders.
- Transitional Residential Treatment: Support residential substance use services for people whose needs go beyond detoxification and outpatient services.

In addition, the department started a Jail Liaison program in April, 2016. The person in this position met with 199 people transitioning from Jail to the community and provided resource information and coordination for mental health and substance use services when appropriate. Of the people the Jail Liaison had contact with, 4 returned to jail as of April, 2017—or about 2%.

All of the services were operational by the end of 2016, with these services in place at varying points of the year. Mobile Crisis expansion was completed by June, detoxification was in place in August, and the Day Report Center and residential treatment services started in November. With the staggered start dates and partial year operations, the overall spending for the initiatives was \$312,753 of the appropriated \$1,090,000. All service components were budgeted at the full amount for 2017.

-
1. National Alliance for the Mentally Ill (NAMI). (2015.) *Mental health facts in America*.
 2. National Association of Counties. (2015.) *Addressing mental illness and conditions in county jails*.

Most importantly, more people were served with mental health and substance use needs including:

- 619 people received mobile crisis contacts (Started June, 2016),
- 23 people received detoxification services (Started August, 2016),
- 30 people were participating in the Day Report Center (Started November, 2016), and
- 5 people received residential treatment (Started November, 2016.)

This is a substantial amount of new services being offered, especially when considering that the department had no dedicated support for detoxification services, limited residential treatment, and no Day Report Center at the beginning of 2016.

In the following pages, each service area will be described along with the measures in place currently and performance data available through the end of 2016. Should there be questions related to the content of this report, please feel free to contact me.

Respectfully,



Erik Pritzl, MSSW, MBA
Executive Director of Health and Human Services

Mobile Crisis Expansion

Overview:

Brown County Human Services contracts with Family Services of Northeast Wisconsin for the provision of mental health crisis services including initial assessment, response, linkage and follow-up services. With funding of \$200,000, the development adds crisis counselors to support direct consumer contact at different locations in the community including homes, schools, and hospitals as examples. The service expansion began in April, 2016 with all staff hired by June, 2016.

Measures:

The following measures were developed and agreed upon with the contracted provider:

- Number of in-person mobile crisis contacts
- Duration (minutes) of in-person mobile crisis contacts
- Number of client transports related to crisis (starting 1/1/17)
- Average response time (minutes) for mobile crisis calls. The target response time is less than 30 minutes.
- The number of diversion stays
- Duration of diversion stays (days)
- Amount of law enforcement time (hours) per crisis contact. Crisis staff did indicate this could not be provided from them directly.

Performance:

The following charts provide a summary of the measures that have been tracked related to mobile crisis expansion.

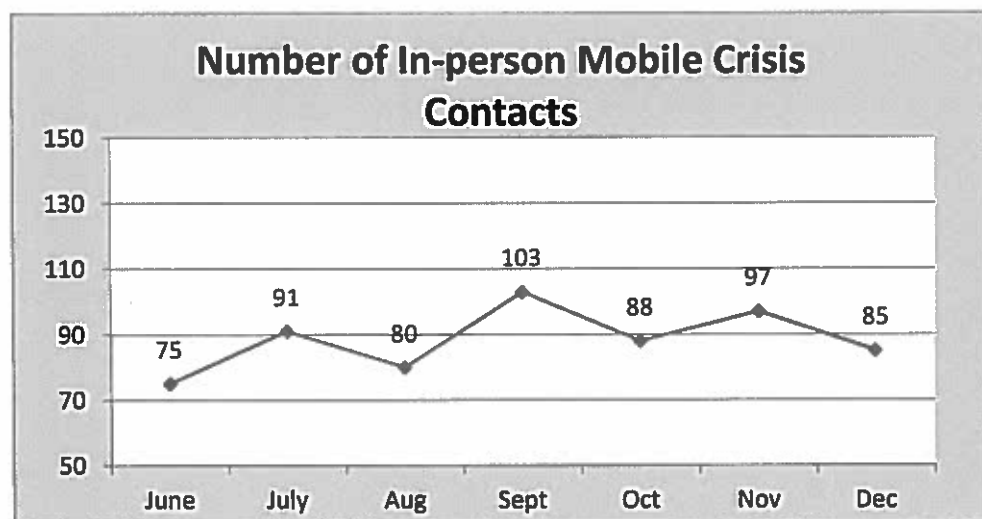


Chart 1: The number of in-person mobile crisis contacts after funding was increased for expansion.

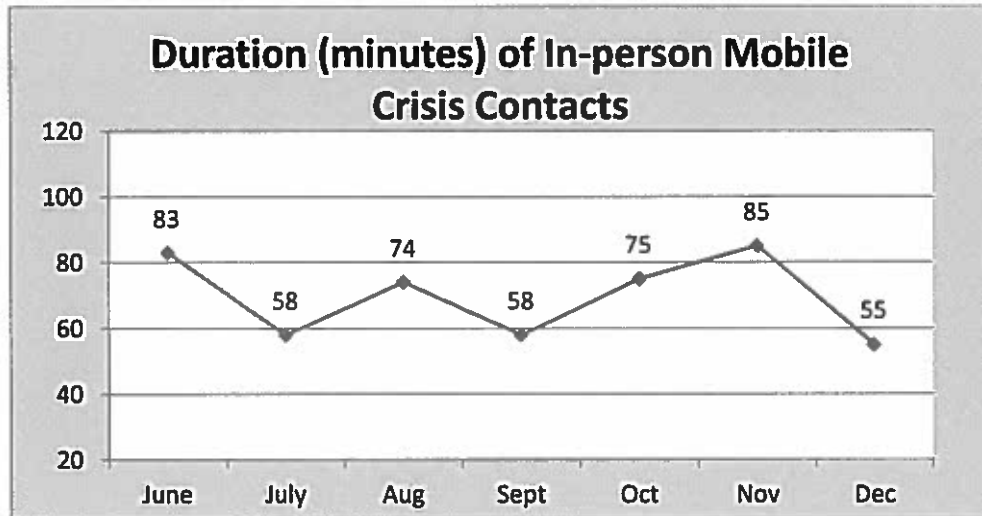


Chart 2: The average duration of each mobile crisis contact.

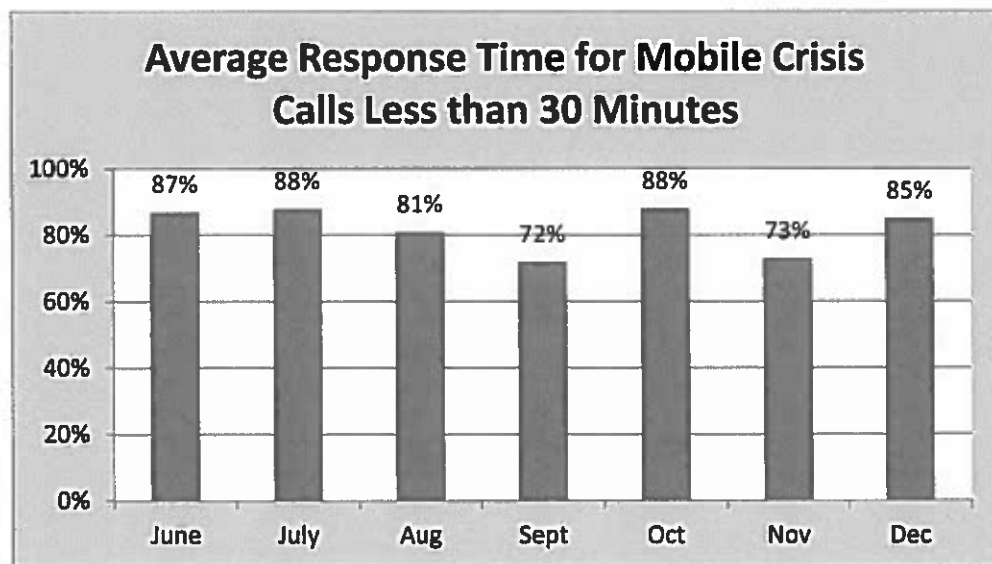


Chart 3: The average number of mobile crisis contacts that reached the benchmark of responding in 30 minutes or less.

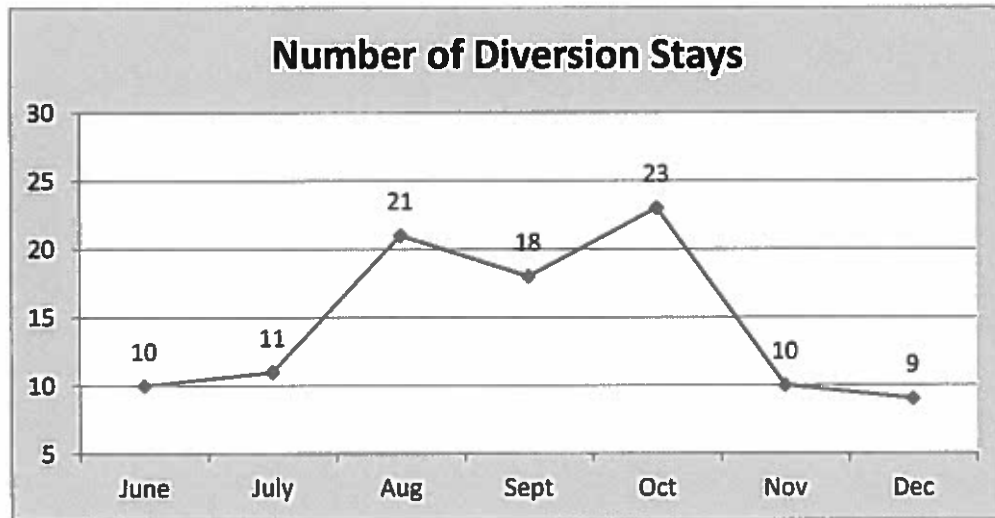


Chart 4: The number of diversion stays is tracked as this can be a measure of an alternative to a hospital stay when a person is safe in another setting.

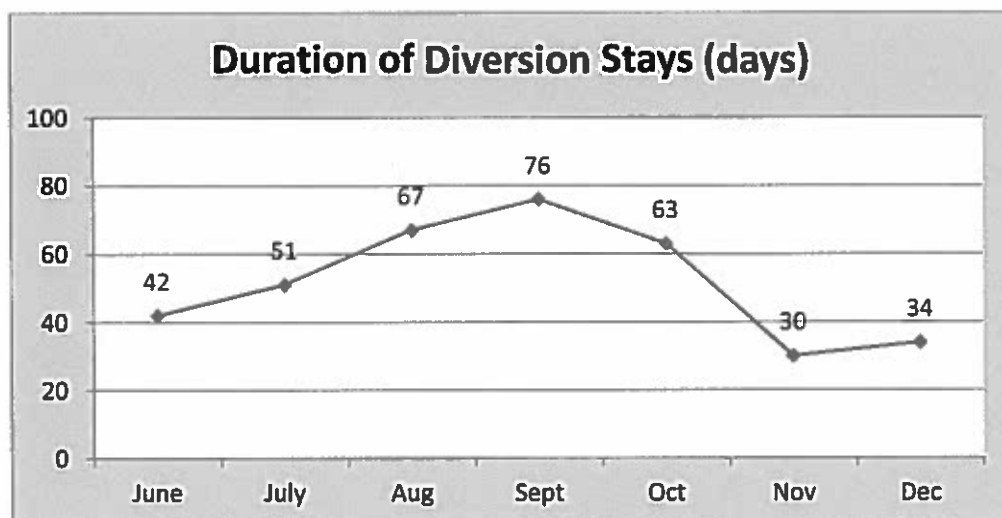


Chart 5: This is the overall number of days the people who are diverted stay. These placements are generally short term.

Areas for Future Improvement:

Mobile crisis expansion and utilization is dependent on timely notification and response to crisis situations. People in crisis either have to present directly to the Crisis Center or to key partners who can communicate with the Crisis Center including emergency departments, law enforcement agencies, schools, and community mental health providers.

Specific areas include:

- Consistent access to all hospital emergency departments.
- Routine orientations and exposure to law enforcement agencies.
- Timely notification to Crisis Center staff for joint response.

Detoxification Services

Overview:

Brown County Human Services worked with the Bellin Psychiatric Center to provide detoxification services beginning in August, 2016. Detoxification services were not provided as a primary reason for admission. The Community Treatment Center discontinued these services in 2012 following a review by the Centers for Medicaid Services. Detoxification services for incapacitated individuals fall within the scope of statutory requirements for county human service departments, and can result in a temporary hold initiated by law enforcement. Individuals who are intoxicated do not meet the statutory requirements for a hold, and must participate in services voluntarily.

In 2016, department staff worked with law enforcement agencies and the Corporation Counsel's office to draft a procedure related to incapacitation holds and accessing detoxification services. Later in the year, work began on procedures related to intoxicated individuals who are in need of services, but who do not meet incapacitation thresholds.

Measures:

The following measures were developed and agreed upon with the contracted provider:

- Total number of detoxification encounters
- Number of repeat users of detoxification services
- Number of patients not accepted and referred to other treatment options
- Number of detox services (holds) paid for by insurance or other non-county funding source
- Reduction in emergency room use at the Bellin Emergency Department by those treated for detoxification and offered AODA service assistance

Performance:

The following charts provide a summary of the measures that have been tracked related to detoxification services.

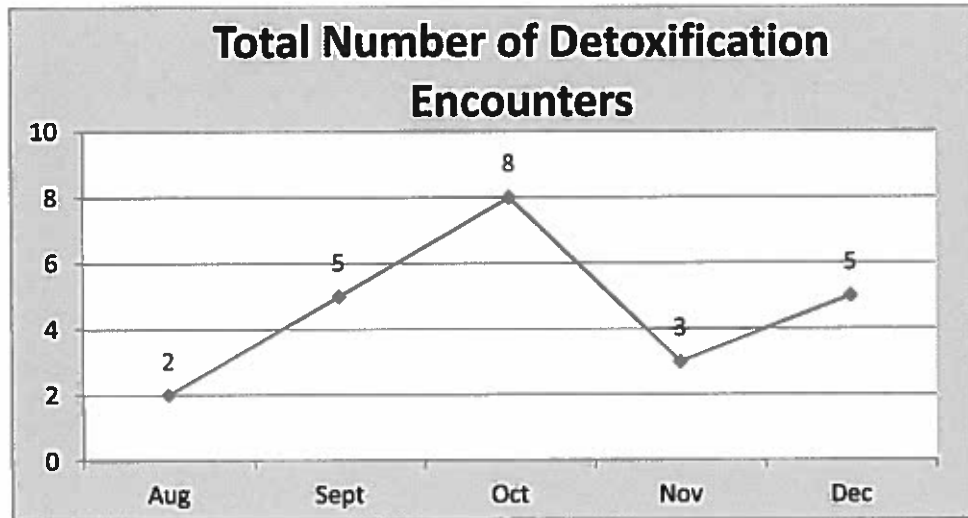


Chart 6: This is the number of detoxification episodes by month specific to the identified facility.

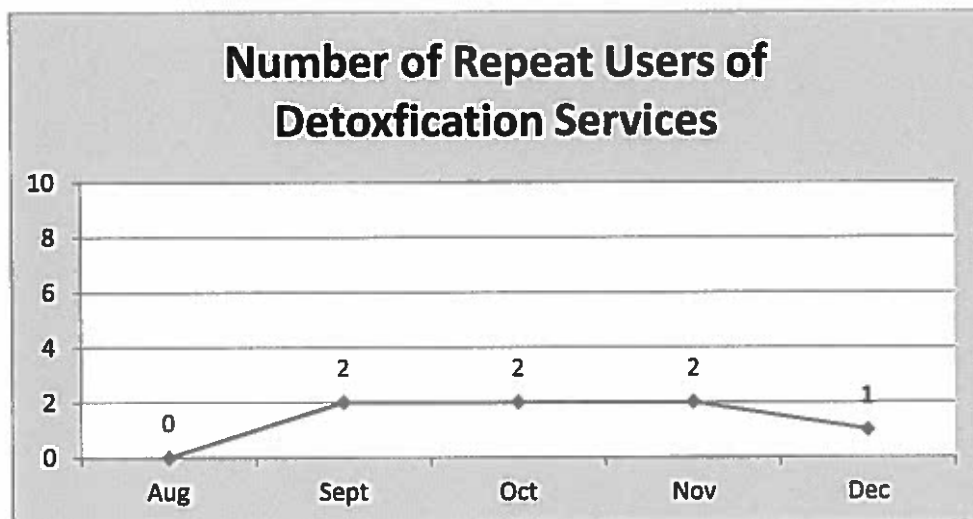


Chart 7: This is the number of repeat users of detoxification services.

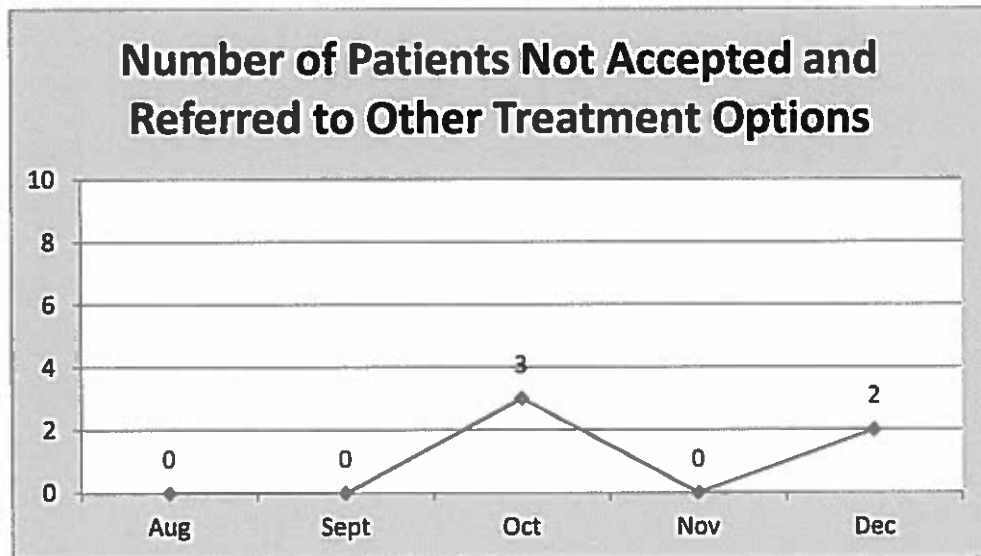


Chart 8: These are the number of people who were not accepted for detoxification services and referred to other community services.

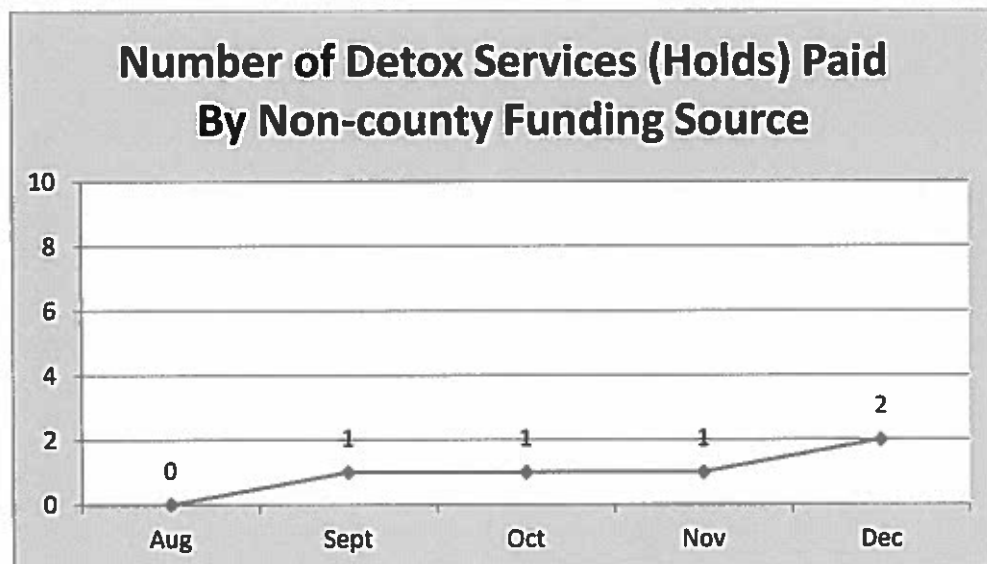


Chart 9: These are the number of service episodes that were not charged to the county because the vendor pursued other funding options.

Areas for Future Improvement:

The number of holds for detoxification when a person was incapacitated was lower than expected. The department continues to authorize services in this area when a person appears incapacitated, and volunteers for these services as part of recovery.

There have been some capacity issues associated with detoxification, and additional vendors are being explored to address these needs.

Specific areas include:

- Increase voluntary access to services.
- Contract with multiple providers to increase capacity to serve people with detoxification needs.

Day Report Center

Overview:

The general goal of the Day Report Center is to bring services to people involved with the criminal justice system that are appropriate for participation in pre-trial release or involvement in one of the Brown County Treatment Courts. The intended population to be served are low risk offenders.

The Day Report Center assists in developing necessary skills for success and return to full participation in a safe and supportive community, by providing alternative services to clients with the goal of alleviating jail population growth and reducing recidivism. Day-to-day accountability is provided through substance use screening, reporting, correctional case management, counseling and treatment services, which include AODA, parenting, domestic violence intervention, cognitive anger management, cognitive intervention programming, income management, education and employment readiness, community support networks and continuing care services.

The Day Report Center is being operated by Family Services, and this contract was awarded following a Request for Proposal process in 2016. The service began operating in November, 2016.

Measures:

The following measures were developed and agreed upon with the contracted provider:

- Pre-trial jail population prior to and during service implementation
- Number of probation referrals prior to and during service implementation
- Number of law enforcement contacts with targeted population prior to and during service implementation
- Number of emergency hospital visits and ancillary crisis services prior to and during service implementation
- Number of people successfully completing terms of supervision
- Total number of people using the day report center, including group participation and case management hours of service

Performance:

The following charts provide a summary of the measures that have been tracked related to the day report center:

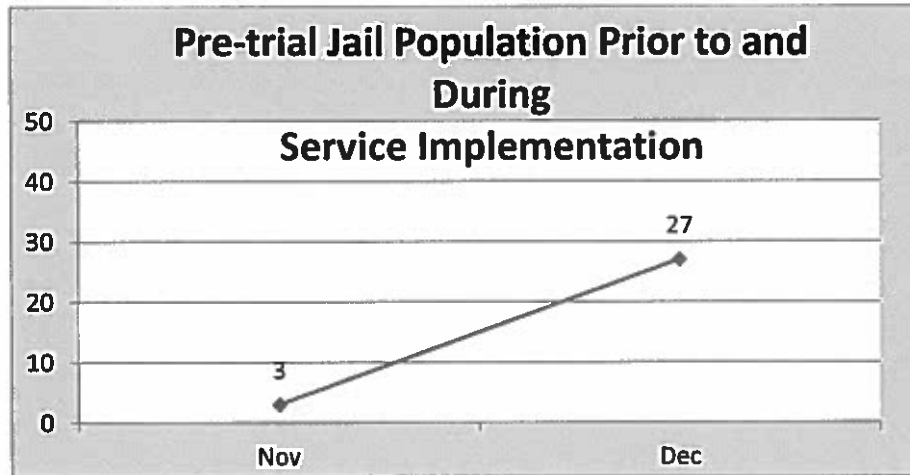


Chart 10: These are the total number of participants in a pre-trial status at the Day Report Center.

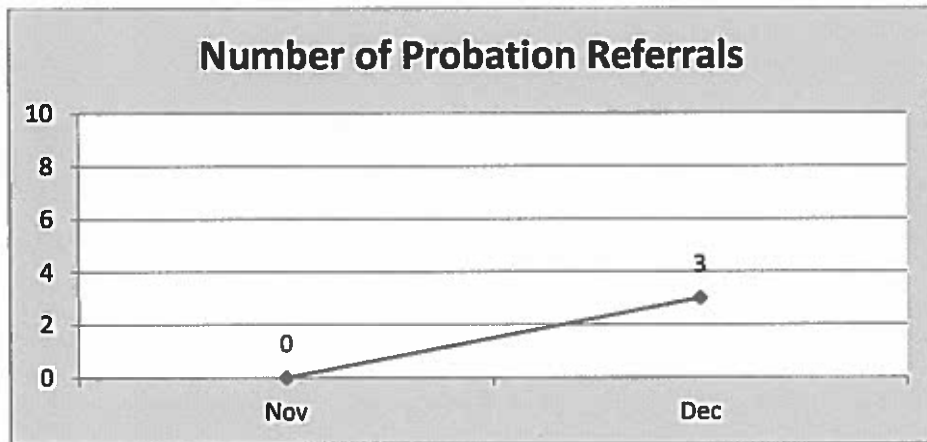


Chart 11: Referrals by Probation are tracked and recorded.

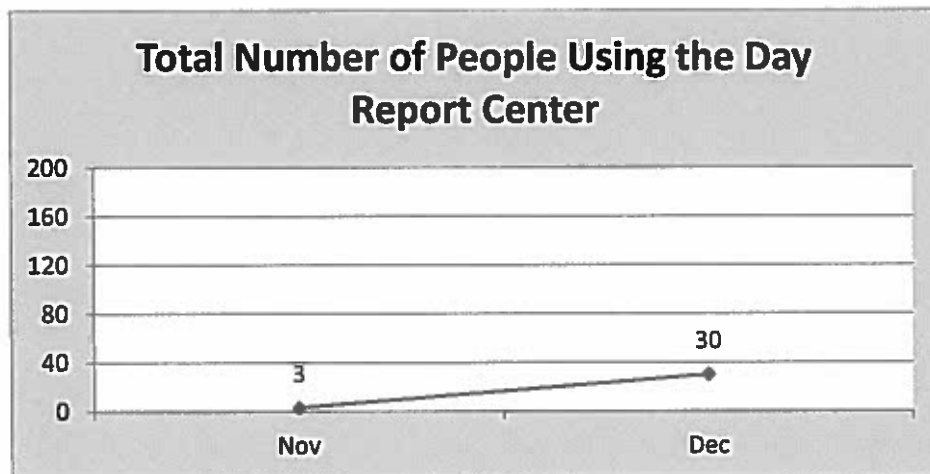


Chart 12: This is the number of people using the Day Report Center including group participation, and case management at the end of each month.

Areas for Future Improvement:

- Improve screening and identification of appropriate Day Report Center participants.
- Increase substance use screening availability.

Residential Substance Use Services

Residential substance abuse treatment is funded through the mental health initiative. This was originally designated as Transitional Residential Substance Use Treatment, which has a specific set of regulatory guidelines. The final service is not limited to a specific type of residential treatment, and could be services that include transitional residential treatment as well as more traditional residential treatment. In this service model, the person resides in a licensed setting and receives treatment at the facility.

Brown County residents did not have access to residential substance use treatment without their own resources. Some people that receive detoxification services need additional residential treatment, but require an interim placement to prevent further substance use. The department began using the Bay Haven Community Based Residential Facility (CBRF) located at the Community Treatment Center for an interim placement while a treatment resource is identified. This allows the person to attend an orientation group and complete an assessment which will identify the appropriate treatment setting. The department uses a State recognized tool, Uniform Placement Criteria (UPC), to identify people with residential treatment needs.

A Human Services Department workgroup conducted a "SWOT" analysis to assist in determining how best to use the available funding during July and August 2016. This included staff with responsibilities for both inpatient and outpatient services at the Community Treatment Center. This analysis led to the conclusion that the quickest and most effective option was to contract for purchase of residential substance use services as needed, utilizing existing providers and other providers added to the Human Services Department contracts network.

Measures:

The following measures were developed and agreed upon for the services:

- Number of people treated using these funds for AODA residential
- Total number of residents treated through our intensive AODA outpatient program
- Number of people successfully completing their course of treatment for AODA residential
- Substance use setbacks that include a detoxification admission for AODA residential

Performance:

The following charts provide a summary of the measures that have been tracked related to residential treatment:

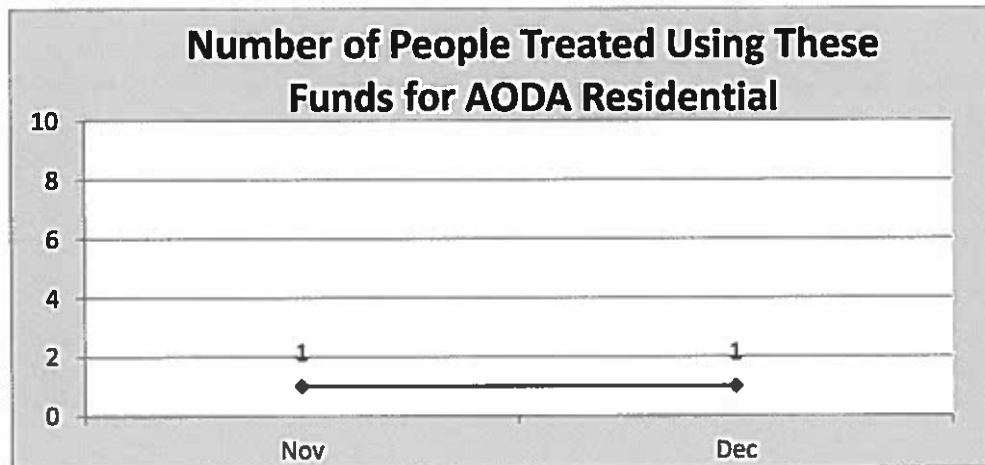


Chart 13: These are the number of people provided with residential treatment after completing an assessment and placement level determination.

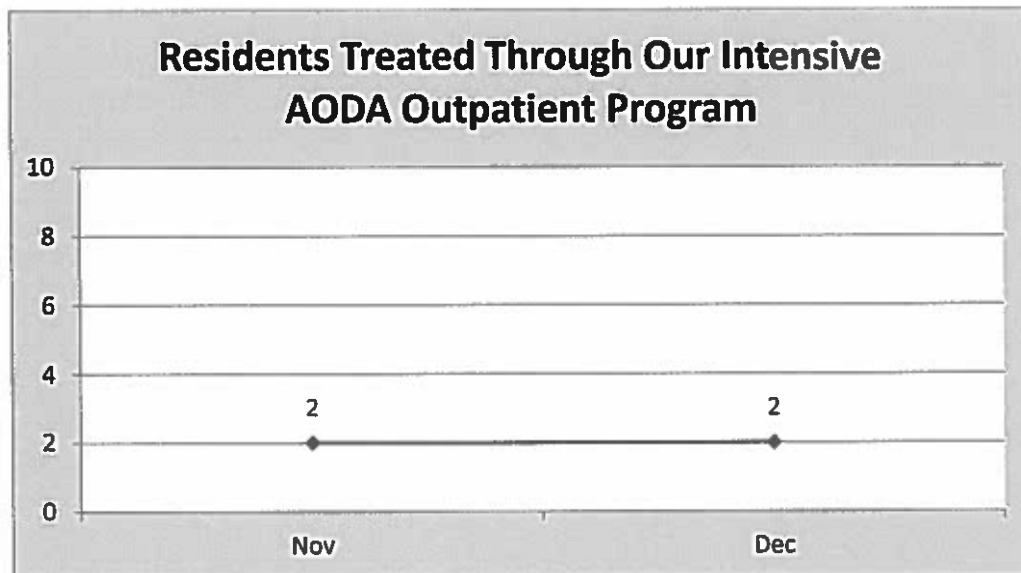


Chart 14: This is the number of people utilizing our Intensive Outpatient Program as an alternative to residential treatment.

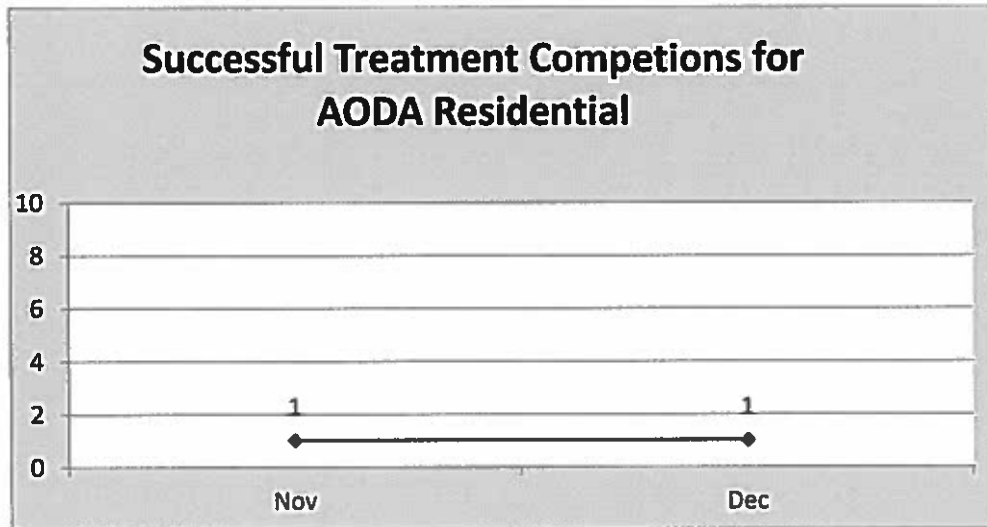


Chart 15: This is the number of people successfully completing their course of treatment in a residential setting for that month.

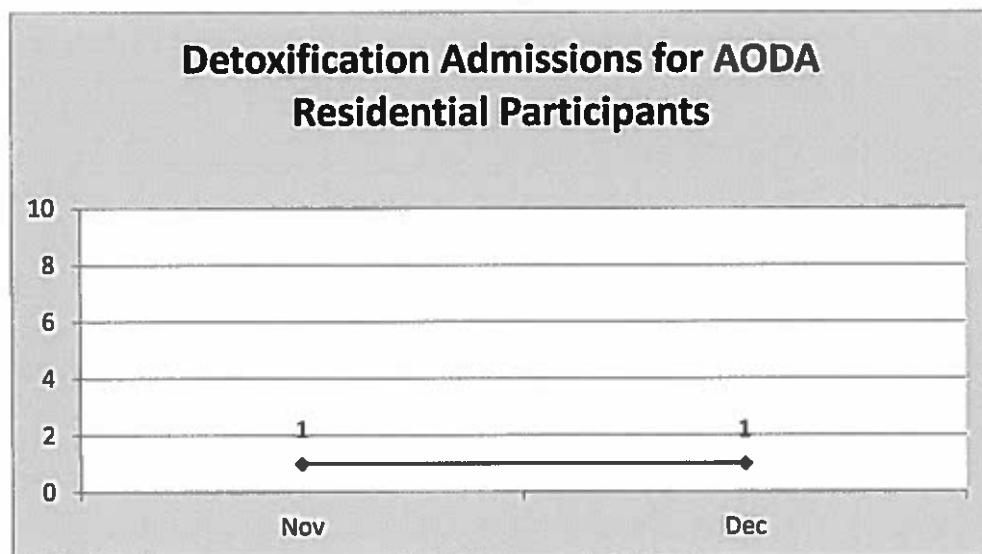


Chart 16: These are the number of new detoxification admissions associated with residential treatment participants.

Areas for Future Improvement:

- Community Outreach to raise awareness of the availability of this service
- Enhanced tracking and interface with clients while in residential treatment to improve aftercare and outcomes. This requires more of our case manager time to be allocated to this then has been the case to date.

Other Mental Health Enhancements:

Jail Liaison Program

A Clinical Therapist position was added to the department in 2016, with a goal of improving linkage of people with mental health service needs transitioning between the community and the jail. People with mental health issues leaving the jail are in need of additional support to bridge the transition. This is sometimes referred to as "re-entry." This position acts as a liaison to the jail to provide a continuum of care for residents.

Collaboration between the Sheriff's Office and Human Services is required to have a successful program of this nature. Jail staff have allowed for access to the liaison through scheduled appointments with people who will be released, while increasing system integration and collaboration between the Jail's mental health services and the liaison position. Human Services and the Jail have also teamed up to address access to public benefits by having Economic Support services screening provided at the Jail. This has improved access to staff who can assist with benefit questions related to Medical Assistance, Food Share and other resources. Through this partnership we have been working to address clinical and basic needs of people with mental health issues leaving the Jail.

This service, which began operating in April, 2016, reported the following contact through the rest of the year:

- There were 286 referrals for service meetings with the Jail Liaison.
- The Jail Liaison met with 199 of the people referred. These people had the following needs:
 - 93 people were homeless
 - 101 people had mental health needs
 - 77 people had substance use needs
 - 90 people received Economic Support services
- Of those 199 people, 4 returned to the Jail.

BROWN COUNTY HEALTH & HUMAN SERVICES

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Phone (920) 448-6000 Fax (920) 448-6166

To: ad-hoc Mental Health Treatment Committee
Human Services Committee

From: Erik Pritzl, Executive Director

Date: May 17, 2017

Re: Mental Health Initiative Expenditures 2016-2017

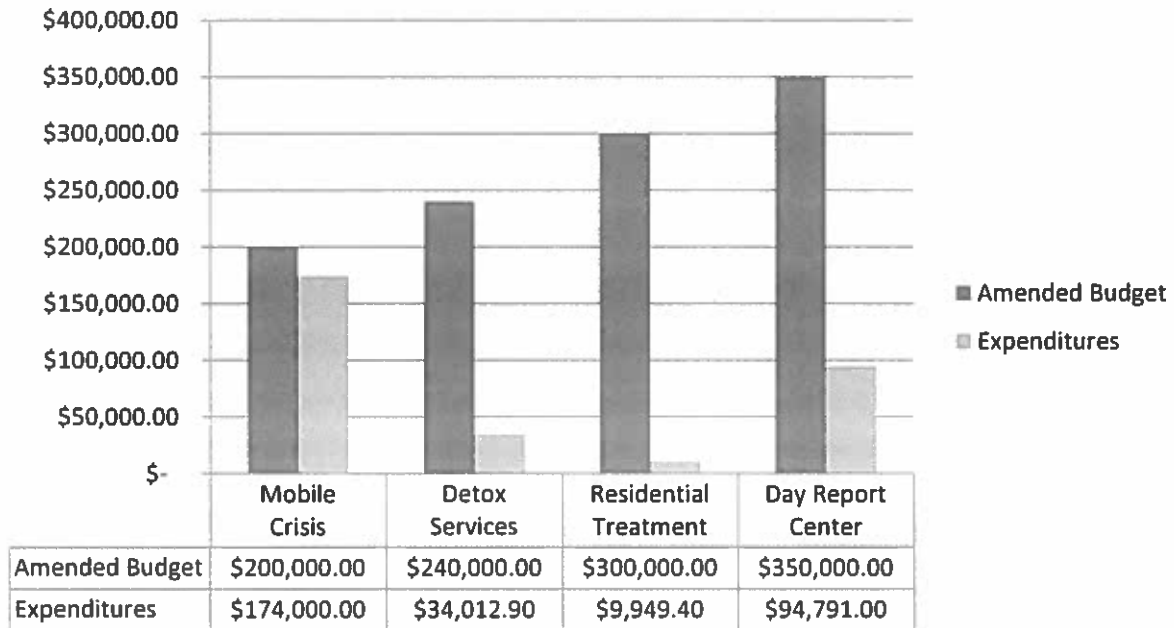
The following summary of expenditures related to the Mental Health Initiatives in 2016 and the first quarter of 2017 is submitted in response to a request from members of the ad-hoc Mental Health Treatment Committee.

There are four components to the Mental Health Initiative, and these include:

- **Mobile Crisis Services Expansion:** Increased staffing to provide more onsite, in-person interventions for individuals experiencing a mental health crisis. This service expanded in June, 2016.
- **Detoxification Services:** Funding for medically managed inpatient detoxification services in a hospital setting. This service started in August, 2016.
- **Day Report Center:** Create a Day Report Center to serve as an alternative to incarceration for non-violent adult offenders. This service started in November, 2016.
- **Transitional Residential Treatment:** Support residential substance use services for people whose needs go beyond detoxification and outpatient services. This service started in November, 2016.

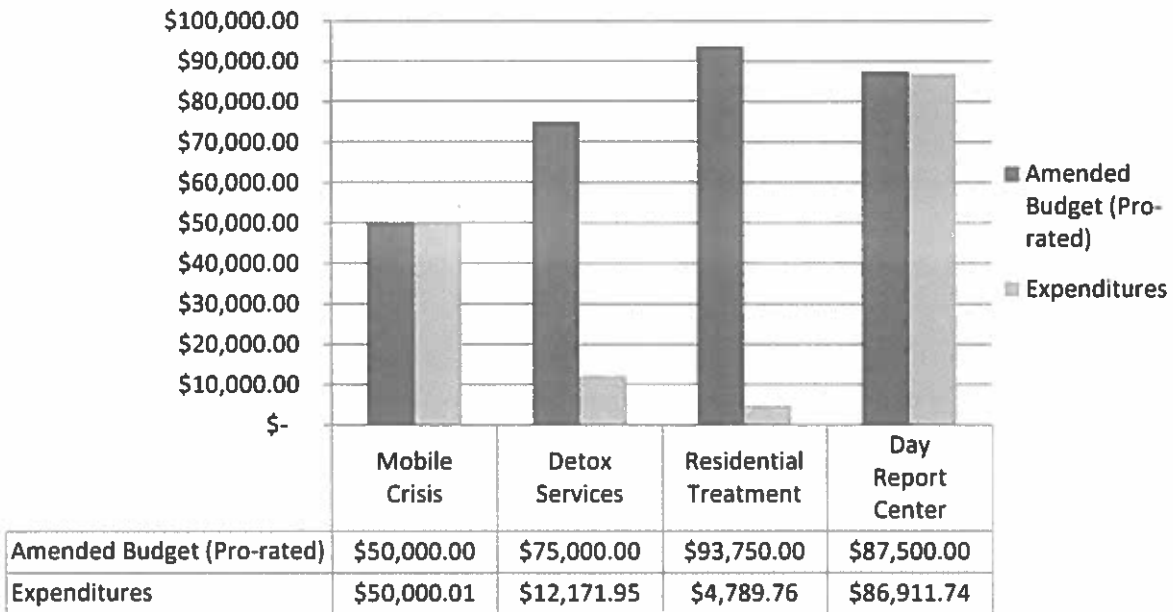
The chart that follows on the next page represents the 2016 expenditures on the various initiative components. The total available budget for the initiatives was \$1,090,000.

2016 Mental Health Initiative Expenditures



The second chart below represents the 2017 expenditures for the first quarter. The total available budget for the initiatives is \$1,225,000.

Mental Health Expenditures Jan.-March, 2017



After reviewing the expenditures in these areas, change opportunities for the four areas have been identified:

- **Mobile Crisis:** Consistent access to all hospital emergency departments, routine orientations and exposure to law enforcement agencies, and timely notification to Crisis Center staff for joint response.
- **Detoxification Services:** Increase voluntary access to services, and contract with multiple providers to increase capacity to serve people with detoxification needs.
- **Day Report Center:** Improve screening and identification of appropriate Day Report Center participants, and increase substance use screening availability.
- **Residential Substance Use Services:** Community Outreach to raise awareness of the availability of this service, and enhanced tracking and interface with clients while in residential treatment to improve aftercare and outcomes. This requires more of our case manager time to be allocated to this than has been the case to date.

6

BROWN COUNTY HEALTH & HUMAN SERVICES

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Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: May 4, 2017

Subject: YTD 3/31/17 Financial Results for Community Treatment Center and Community Programs

Community Treatment Center

CTC first quarter results show an overall unfavorable variance from budget with revenues at 24% of the annual budget after 3 months of operation and expenses at 25% of the annual budget.

The revenue shortfall is approximately 1% of the annual budget or \$129,000 YTD. This is due primarily to less than anticipated revenues for Bay Haven CBRF operations due to a required change in billing methodology to the Medicaid program for Crisis Intervention services. The change results in average daily revenues less than 50% of the previous level of reimbursement which was used as the basis for 2017 budgeting. To make up for this significant unanticipated reduction in CBRF revenues, additional services are in process of development to create higher utilization of the CBRF.

Maximizing Bayshore Village nursing home and Nicolet Psychiatric Center hospital census will also help to enhance overall CTC revenues. 2017 YTD census compared to 2016 census is as follows:

	<u>3/31/17 YTD</u>	<u>2016 Annual</u>
Bayshore Village	62.1	61.7
Nicolet Psychiatric Center	11.9	12.1
Bay Haven CBRF	7.1	4.4

March YTD expenses for the Community Treatment Center are at 25% of annual budget for both personnel and overall operating costs.

Community Programs

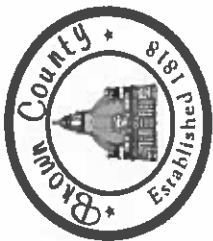
YTD financial statement results as of 3/31/17 for Community Programs show as overall unfavorable compared to budget, but at this point in the year both revenues and purchased services expense are largely based on estimates. The accounting methods used for these estimates tend to be conservative. Personnel costs, however, are based primarily on actual expense and this category of costs is favorable at 24% of the annual budget after 3 months of operation. Equipment Outlay costs are at 91% of the annual budgeted amount. This is due to equipment needed as soon as possible during the year, and offsets the impact of lower personnel costs to make overall expenses 25% of the annual budget.

Revenues for Community Programs are currently recorded at 24% of annual budgeted level, primarily due to the conservative methods for estimating these revenues early in the year as noted above.

Respectfully Submitted,

Eric Johnson
Finance Manager



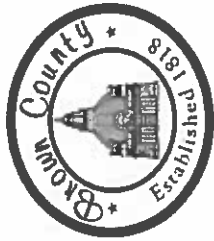


Community Treatment Center

Through 03/31/17

Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 630 - CTC									
REVENUE									
Property taxes	3,001,525.00	.00	3,001,525.00	250,127.08	.00	750,381.24	2,251,143.76	25	699,254.76
Intergov Revenue	4,187,641.00	.00	4,187,641.00	347,411.84	.00	938,575.62	3,249,065.38	22	1,022,998.63
Public Charges	3,916,969.00	.00	3,916,969.00	299,105.41	.00	956,054.32	2,960,914.68	24	958,296.39
Miscellaneous Revenue	1,607,461.00	176,000.00	1,783,461.00	184,425.92	.00	457,088.77	1,326,372.23	26	447,968.59
Other Financing Sources	.00	.00	.00	.00	.00	.00	.00	+++	.00
REVENUE TOTALS	\$12,713,596.00	\$176,000.00	\$12,889,596.00	\$1,081,070.25	\$0.00	\$3,102,099.95	\$9,787,496.05	24%	\$3,128,518.37
EXPENSE									
Personnel Costs	9,013,720.00	.00	9,013,720.00	706,869.72	.00	2,218,293.12	6,795,426.88	25	2,358,801.95
Operating Expenses	4,392,905.00	.00	4,392,905.00	387,890.46	10,444.00	1,175,209.99	3,207,251.01	27	1,121,259.76
Outlay	6,000.00	.00	6,000.00	.00	.00	.00	6,000.00	0	.00
EXPENSE TOTALS	\$13,412,625.00	\$0.00	\$13,412,625.00	\$1,094,760.18	\$10,444.00	\$3,393,503.11	\$10,008,677.89	25%	\$3,480,061.71
Fund 630 - CTC Totals									
REVENUE TOTALS	12,713,596.00	176,000.00	12,889,596.00	1,081,070.25	.00	3,102,099.95	9,787,496.05	24%	3,128,518.37
EXPENSE TOTALS	13,412,625.00	.00	13,412,625.00	1,094,760.18	10,444.00	3,393,503.11	10,008,677.89	25%	3,480,061.71
Fund 630 - CTC Totals	(\$699,029.00)	\$176,000.00	(\$523,029.00)	(\$13,689.93)	(\$10,444.00)	(\$291,403.16)	(\$221,181.84)		(\$351,543.34)
Grand Totals									
REVENUE TOTALS	12,713,596.00	176,000.00	12,889,596.00	1,081,070.25	.00	3,102,099.95	9,787,496.05	24%	3,128,518.37
EXPENSE TOTALS	13,412,625.00	.00	13,412,625.00	1,094,760.18	10,444.00	3,393,503.11	10,008,677.89	25%	3,480,061.71
Grand Totals	(\$699,029.00)	\$176,000.00	(\$523,029.00)	(\$13,689.93)	(\$10,444.00)	(\$291,403.16)	(\$221,181.84)		(\$351,543.34)



Community Programs

Through 03/31/17
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 201 - CP									
REVENUE									
Property taxes	15,543,199.00	.00	15,543,199.00	1,295,266.58	.00	3,885,799.74	11,657,399.26	25	4,062,471.75
Intergov Revenue	32,595,732.00	162,800.00	32,758,532.00	2,786,133.71	.00	7,834,586.35	24,923,945.65	24	8,006,096.91
Public Charges	2,002,522.00	.00	2,002,522.00	148,085.03	.00	462,276.81	1,540,245.19	23	547,846.98
Miscellaneous Revenue	169,100.00	.00	169,100.00	(12,734.61)	.00	95,676.05	73,423.95	57	165,158.32
Other Financing Sources	1,154,275.00	.00	1,154,275.00	96,189.58	.00	288,568.74	865,706.26	25	.00
REVENUE TOTALS	\$51,464,828.00	\$162,800.00	\$51,627,628.00	\$4,312,940.29	\$0.00	\$12,566,907.69	\$39,060,720.31	24%	\$12,781,573.96
EXPENSE									
Personnel Costs	18,538,793.00	.00	18,538,793.00	1,529,579.45	.00	4,515,493.91	14,023,299.09	24	4,686,869.28
Operating Expenses	32,881,574.00	230,200.00	33,111,774.00	3,010,066.63	13,930.76	8,408,651.65	24,689,191.59	25	8,367,841.33
Outlay	44,461.00	7,600.00	52,061.00	.00	.00	47,380.60	4,680.40	91	(165.00)
EXPENSE TOTALS	\$51,464,828.00	\$237,800.00	\$51,702,628.00	\$4,539,646.08	\$13,930.76	\$12,971,526.16	\$38,717,171.08	25%	\$13,054,545.61
Fund 201 - CP Totals									
REVENUE TOTALS	51,464,828.00	162,800.00	51,627,628.00	4,312,940.29	.00	12,566,907.69	39,060,720.31	24%	12,781,573.96
EXPENSE TOTALS	51,464,828.00	237,800.00	51,702,628.00	4,539,646.08	13,930.76	12,971,526.16	38,717,171.08	25%	13,054,545.61
Fund 201 - CP Totals	\$0.00	(\$75,000.00)	(\$75,000.00)	(\$226,705.79)	(\$13,930.76)	(\$404,618.47)	\$343,549.23		(\$272,971.65)
Grand Totals									
REVENUE TOTALS	51,464,828.00	162,800.00	51,627,628.00	4,312,940.29	.00	12,566,907.69	39,060,720.31	24%	12,781,573.96
EXPENSE TOTALS	51,464,828.00	237,800.00	51,702,628.00	4,539,646.08	13,930.76	12,971,526.16	38,717,171.08	25%	13,054,545.61
Grand Totals	\$0.00	(\$75,000.00)	(\$75,000.00)	(\$226,705.79)	(\$13,930.76)	(\$404,618.47)	\$343,549.23		(\$272,971.65)

CTC DOUBLE SHIFTS WORKED 4/18/2017 THRU 5/16/17

Employee Name	Classification	Date	shifts worked
Begalke, John	CNA	4/28,5/1,4,6,7,11,16	PM/NOC
Crooks, Stephanie	CNA	5/1	AM/PM
Hanson, Ian	CNA	5/7,12,13	AM/PM
Hawk, Nicole	LPN	4/22,5/6	AM/PM
Hedman, Jenae	RN	5/16	AM/PM
Joachim, Bob	CNA	5/16	AM/PM
Johnson, Abigail	LPN	5/12	PM/NOC
Kazaluckas, Kevin	CNA	4/23,5/14	AM/PM
Lepak, Jennifer	LPN	4/29	AM/PM
Lor, Mary	CNA	4/23, 5/6	AM/PM
Molina, Brandon	CNA	4/21,5/6,7,14	AM/PM
Spencer, Brenda	LPN	4/23,5/6,7	AM/PM
VanBeek, Rebecca	CNA	5/7,15	AM/PM

**BROWN COUNTY COMMUNITY TREATMENT CENTER
APRIL 2017 BAY HAVEN STATISTICS**

ADMISSIONS	April	YTD 2017	YTD 2016
Voluntary - Mental Illness	23	110	77
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	1	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	0	0	0
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	0	0
Commitment - Mental Illness	0	0	0
Return from Conditional Release	0	0	0
Court Order Prelim. - Drug	0	0	0
Other	0	2	0
TOTAL	23	113	77

ADMISSIONS BY UNITS			
Bay Haven	23	113	77
TOTAL	23	113	77

ADMISSIONS BY COUNTY			
Brown	21	98	66
Door	1	2	3
Kewaunee	0	1	1
Oconto	1	3	1
Marinette	0	0	0
Shawano	0	3	2
Waupaca	0	1	0
Menominee	0	0	0
Outagamie	0	1	1
Manitowoc	0	1	1
Winnebago	0	0	0
Other	0	3	2
TOTAL	23	113	77

READMIT WITHIN 30 DAYS			
Bay Haven	3	7	5
TOTAL	3	7	5

AVERAGE DAILY CENSUS	April	YTD 2017	YTD 2016
Bay Haven	6.1	6.9	3.3
TOTAL	6.1	6.9	3.3

INPATIENT SERVICE DAYS			
Bay Haven	184	822	397
TOTAL	184	822	397

BED OCCUPANCY			
Bay Haven	41%	46%	22%
TOTAL	41%	46%	22%

DISCHARGES			
Bay Haven	22	109	76
TOTAL	22	109	76

DISCHARGE DAYS			
Bay Haven	175	685	392
TOTAL	175	685	392

AVERAGE LENGTH OF STAY			
Bay Haven	8	6	5
TOTAL	8	6	5

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	10	8	4
Door	7	4	7
Kewaunee	0	1	1
Oconto	2	3	1
Marinette	0	0	0
Shawano	0	1	1
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	0	0
Manitowoc	0	0	1
Winnebago	0	0	0
Other	33	18	2
TOTAL	8	7	5

In/Outs	Current	YTD	2016
	1	11	8

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**BROWN COUNTY COMMUNITY TREATMENT CENTER
APRIL 2017 NICOLET PSYCHIATRIC CENTER STATISTICS**

ADMISSIONS	April	YTD 2017	YTD 2016
Voluntary - Mental Illness	10	30	63
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	1	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	41	204	213
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	3	7	9
Commitment - Mental Illness	0	0	0
Return from Conditional Release	6	23	31
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	60	265	316

ADMISSIONS BY UNITS			
Nicolet	60	265	316
TOTAL	60	265	316

ADMISSIONS BY COUNTY			
Brown	48	214	244
Door	1	2	8
Kewaunee	1	4	9
Oconto	2	6	11
Marinette	0	0	5
Shawano	2	5	5
Waupaca	0	1	2
Menominee	0	1	4
Outagamie	5	12	7
Manitowoc	0	7	12
Winnebago	1	2	1
Other	0	11	8
TOTAL	60	265	316

READMIT WITHIN 30 DAYS			
Nicolet	14	38	36
TOTAL	14	38	36

AVERAGE DAILY CENSUS	April	YTD 2017	YTD 2016
Nicolet	12.8	12.1	10.9
TOTAL	12.8	12.1	10.9

INPATIENT SERVICE DAYS			
Nicolet	383	1451	1318
TOTAL	383	1451	1318

BED OCCUPANCY			
Nicolet (16 beds)	80%	76%	68%
TOTAL (16 Beds)	80%	76%	68%

DISCHARGES			
Nicolet	55	259	315
TOTAL	55	259	315

DISCHARGE DAYS			
Nicolet	303	1407	1302
TOTAL	303	1407	1302

AVERAGE LENGTH OF STAY			
Nicolet	6	5	4
TOTAL	6	5	4

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	6	6	4
Door	17	9	8
Kewaunee	8	6	6
Oconto	3	4	3
Marinette	0	0	6
Shawano	4	4	5
Waupaca	0	0	1
Menominee	0	1	10
Outagamie	4	4	4
Manitowoc	0	2	5
Winnebago	7	4	0
Other	7	5	5
TOTAL	6	5	4

In/Outs	Current	YTD	2016
	2	2	14

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Report of Child Abuse/Neglect or Service Request by Month

Month	2015	2016	2017	% Change from 2016 to 2017
January	415	435	466	6.65%
February	432	463	455	-1.73%
March	460	466	423	-9.23%
April	455	452		
May	422	465		
June	330	348		
July	312	301		
August	282	312		
September	420	497		
October	440	430		
November	426	435		
December	415	407		
Total	4809	5011		

Reports Investigated/Services Offered by Month

Month	2015	2016	2017	% Change from 2016 to 2017
January	146	116	151	23.18%
February	141	141	135	-4.26%
March	161	124	144	16.13%
April	144	138		
May	147	135		
June	143	99		
July	113	101		
August	113	88		
September	150	126		
October	141	101		
November	100	119		
December	121	129		
Total	1620	1417		

HUMAN SERVICES
2017 PROVIDER CONTRACT LIST - 5/15/2017

Agency	Service(s) Description	Target Client	Program Unit(s)	Contract Sent	Contract Returned	Updated Not-to-Exceed Amount
Acceptational Minds LLC	Living skills for autistic and/or behaviorally-challenged children and their families	Children	CLTS	11/29/2016	12/20/16	\$125,000
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	Behavioral Health	11/28/16	12/29/16	\$124,000
Advocates for Healthy Transitional Living LLC	Treatment foster care placing agency and respite care	High behavioral needs children	CABHU, CPS, CLTS	11/29/16	12/28/16	\$275,000
Advocates Extension LLC	Counseling, daily living skills, summer programming, respite care, CCS services	High behavioral needs children	CABHU, CPS, JJ, CLTS	11/29/16	12/27/16	\$800,000
Affinity Health (St. Elizabeth Hospital) (Affinity Medical Group)	Inpatient detox services	MH/AODA	Behavioral Health	2/17/17	3/23/17	\$80,000
American Foundation of Counseling	Treatment foster care placing agency	Children	CPS	11/29/16	12/5/16	\$200,000
Anderson, Campell Educational Teaching (ACE)	Daily living skills training	Children	CLTS	11/29/16	12/19/16	\$24,000
Angels on Arcadian	CBRF (assisted living)	DD, PD	C-COP	11/28/16	12/21/16	\$75,000
Anna's Healthcare (formerly County Living)	CBRF (assisted living)	MH/AODA	Behavioral Health, C-COP	11/29/16	1/9/17	\$180,000
ASPIRO Inc.	Birth to 3 services, respite, prevocational training, adult day programming	DD youth/children	C-COP, CLTS, BT3	11/29/16	12/19/16	\$660,000
Bellin Health Occupational Health Solutions	Drug screenings	Adult parents	CPS	12/1/16	12/29/16	\$20,000
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	Behavioral Health	12/1/16	12/19/16	\$400,000
Better Days Mentoring	Youth mentoring services, daily living skills	Youth	JJ	11/29/16	12/28/16	\$40,000
Boll Adult Care Concepts	Corporate adult family home (assisted living) with CCS services for high needs behavioral health	MH/AODA	Behavioral Health, C-COP	11/28/16	12/5/16	\$825,000
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	C-COP	11/28/16	12/20/16	\$558,000
Care for All Ages (CFAA)	CBRF (assisted living), child day care	Children	CPS	11/28/16	12/29/16	\$40,000
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services, domestic violence group	Teens	CPS	12/1/16	12/5/16	\$154,000
Centerpiece LLC	Autism services	Children	CLTS	12/12/16	12/15/16	\$6,000
Cerebral Palsy Inc.	Respite and daily living skills	DD youth/children	CLTS, C-COP, BT3	12/15/16	1/4/17	\$65,000
Childrens Service Society	Treatment foster care placing agency	Children	CLTS	11/29/16	12/19/16	\$20,000
Chilada Institute	Children high-needs residential care center	Children	CPS, CABHU	12/1/16	1/5/17	\$175,000
Clarity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	C-COP	11/28/16	1/9/17	\$53,000
Communication Pathways LLC	Social learning groups for children with social communication challenges	Children	CLTS, C-COP	11/29/16	12/5/16	\$40,000
Compass Development	CBRF (assisted living)	PD with MH issues	C-COP	11/28/16	12/20/16	\$50,000
Curative Connections (formerly NEW Curative)	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA	JJ, CPS, CLTS, C-COP	11/29/16	12/20/16	\$250,000
Curo Care LLC	Corporate adult family homes (assisted living)	Children	C-COP	11/28/16	12/5/16	\$200,000
Darnell Receiving Home	Receiving home for emergency placements	Children	CPS	11/29/16	12/22/16	
Deer Path Assisted Living Inc.	CBRF, corporate adult family homes (assisted living)	MH/AODA	Behavioral Health, C-COP	11/28/16	12/5/16	\$315,500

HUMAN SERVICES
2017 PROVIDER CONTRACT LIST - 5/15/2017

Agency	Service(s) Description	Target Client	Program Unit(s)	Contract Sent	Contract Returned	Updated Not-to-Exceed Amount
Dodge County (DBA Clearview Behavioral Health)	Brain injury rehabilitation center	Adults w/traumatic brain injury	Behavioral Health	12/1/16	12/19/16	\$285,000
Dynamic Family Solutions	Family counseling/treatment programs	Families of juvenile delinquent	JJ	11/29/16	1/12/17	\$285,000
Elsner AFH	1-2 bed traditional adult family home	MH	Behavioral Health	12/1/16- mailed	1/9/17	\$16,500
Encompass Child Care	Child day care	Children	CPS	12/6/16	12/15/16	\$0
Engberg AFH	1-2 bed traditional adult family home	PD with MH issues	C-COP	11/29/16- mailed	12/13/16	\$16,500
Exceptional Equestrians	Hippotherapy and therapeutic riding to clients with special needs	Children with disabilities	CLTS, C-COP	11/29/16	12/5/16	\$20,000
Expressive Therapies LLC	Music therapy for children	Children	CLTS	to Molly 2/9/17	2/23/17	\$25,000
Family Care Specialists, Inc.	Treatment foster care placing agency	Children	CPS/JJ	11/29/16	12/27/16	\$50,000
Family Services of Northeast Wisconsin Inc.	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	Behavioral Health, CABHU, APS, CPS, C-COP	12/5/16	12/19/16	\$2,750,000
Family Training Program	Parenting/family skills training	CSP parents, parents of juvenile delinquent	JJ, CSP	12/1/16	12/19/16	\$260,000
Golden House	Domestic abuse services	Adults in need	APS	12/1/16	12/13/16	\$63,086
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	C-COP	11/28/16	1/3/17	\$50,300
Goodwill Industries	Prevocational services	PD with MH issues	C-COP	12/1/16	12/5/16	\$2,500
Green Bay Transit Commission - NO CONTRACT	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	CPS			\$0
Greenfield Rehabilitation Agency, Inc.	Birth to 3 services	DD children	BT3	11/29/16	1/5/17	\$200,000
Helping Hands Caregivers	Supportive home care	PD with MH issues	C-COP	12/1/16	12/20/16	\$8,000
Home Instead Senior Care	Supportive home care	PD with MH issues	C-COP	12/1/16	1/3/17	\$10,000
Homes for Independent Living	CBRF (assisted living)	MH	Behavioral Health	11/28/16	12/8/16	\$260,000
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	Behavioral Health	11/28/16	12/27/16	\$250,000
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	C-COP	11/28/16	12/12/16	\$400,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	Behavioral Health, CABHU, JJ, CPS, C-COP	11/29/16	12/8/16	\$1,750,000
Jackie Nitschke Center Inc.	AODA residential and intensive outpatient services	AODA adults and youth	Behavioral Health, CABHU	12/15/16	12/27/16	\$100,000
KCC Fiscal Agent Services	Payor of client-hired personal care workers	Children with long-term care needs	CLTS	12/13/16	1/3/17	\$0

HUMAN SERVICES
2017 PROVIDER CONTRACT LIST - 5/15/2017

Agency	Service(s) Description	Target Client	Program Unit(s)	Contract Sent	Contract Returned	Updated Not-to-Exceed Amount
Klarkowski, Julie AFH	1-2 bed traditional adult family home	MH	Behavioral Health	11/28/16	12/5/16	\$15,000
Krueger Receiving Home - TERMED AS OF 2/28/17	Receiving home for emergency placements	Children	CPS	11/29/16	12/21/16	
Lac Du Flambeau Lake Superior Chippewa Indians	Gookomis Endaad AODA residential treatment	Native American AODA	Behavioral Health	12/1/16	Out ill - will get back by 12/29	\$25,000
Lad Lake	Youth high-needs residential care center	Youth ages 9-21	JJ, CPS	12/1/16	12/13/16	\$40,000
Lamers Bus Lines Inc.	Specialized transportation	DD youth transitioning to adults	CLTS	11/29/16	12/15/16	\$10,000
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	Behavioral Health	11/28/16	1/16/17	\$825,000
Lutheran Social Services (Homme Home)	Youth (all male) high-needs residential care center	Male youth	CPS	4/13/17	5/9/17	\$400,000
Macht Village Programs Inc. (MVP)	Respite care, counseling, daily living skills, CCS services, treatment foster care child placement	High behavioral needs children	CABHU, CPS, JJ, CLTS	11/29/16	1/3/17	\$800,000
Marco Services Inc.	AODA residential services	AODA adults	Behavioral Health	12/15/16	1/12/17	\$100,000
Matthews Senior Living	CBRF (assisted living)	PD with MH issues	Behavioral Health, C-COP	11/28/16	12/27/16	\$100,000
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	Behavioral Health	11/28/16	12/22/16	\$60,000
Mooring Programs Inc.	AODA residential services	AODA adults	Behavioral Health	12/15/16	1/5/17	\$100,000
My Brother's Keeper	Male Mentoring Program	JJ	JJ	12/1/16	12/5/16	\$15,000
Mystic Meadows LLC	Corporate AFH (assisted living)	MH/AODA	Behavioral Health, C-COP	11/28/16	12/5/16	\$200,000
NEW Community Shelter Inc.	Homeless sheltering services	MH	Behavioral Health	12/1/16	12/28/16	\$40,000
Northwest Passage	Children high-needs residential care center	Children	CPS, CABHU	12/1/16	12/22/16	\$125,000
Nova Counseling Services Inc.	AODA residential services	AODA adults	Behavioral Health	12/15/16	12/19/16	\$100,000
Nurses PRN Home Care	Skilled nursing services	Children	CPS, CLTS	2/23/17	2/28/17	\$45,000
Options for Independent Living Inc.	CCS services, home modification assessments	MH/AODA	Behavioral Health, CLTS	11/29/16	12/15/16	\$10,000
Options Lab Inc. - TERMED AS OF 5/6/2017	Drug screenings	AODA, CPS parents	Behavioral Health, CABHU, JJ, CP	12/1/16	12/20/16	\$45,000
Options Treatment Program	AODA treatment, CCS services	AODA	Behavioral Health, CABHU, JJ	11/29/16	12/27/16	\$45,000
Paragon Industries	Daily respite care	Children with long-term care needs	CLTS	11/29/16	12/19/16	\$125,000

HUMAN SERVICES
2017 PROVIDER CONTRACT LIST - 5/15/2017

Agency	Service(s) Description	Target Client	Program Unit(s)	Contract Sent	Contract Returned	Updated Note-to-Exceed Amount
Parmentier AFH	3-4 bed traditional adult family home	MH	Behavioral Health, C-COP	11/28/16	12/1/16	\$45,000
Pathways Treatment	AODA residential treatment	AODA	Behavioral Health	3/7/17 emailed	3/14/17	\$30,000
Pillar and Vine, Inc.	Treatment foster care placing agency	Children	CPS/JJ	12/6/16	12/20/16	\$0
Pnuma Health Care	CBRF (assisted living)	PD with MH issues	Behavioral Health, C-COP	11/28/16	12/19/16	\$150,000
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	Behavioral Health, C-COP	11/28/16	1/9/17	\$325,000
Psychological Consultants of Green Bay	Psychological assessments to determine competency	Elderly, DD	APS	12/1/16- mailed	12/19/16	\$35,000
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	Behavioral Health	12/1/16	1/23/17	\$100,000
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	Behavioral Health, C-COP	11/28/16	12/5/16	\$285,500
Slaght AFH	3-4 bed traditional adult family home	MH	Behavioral Health	11/28/16	12/28/16	\$50,000
Social Thinkers	Social learning groups for children with social communication challenges	Children	CLTS	12/6/16	12/27/16	\$25,000
Spectrum Behavioral Health	CCS services	Children	CLTS	11/29/16	1/3/17	\$50,000
St. Vincent Hospital	Birth to 3 services, home delivered meals	DD children, PD with MH issues	C-COP, BT3	11/29/16	12/27/16	\$200,000
Talbot AFH	1-2 bed traditional adult family home	MH	Behavioral Health	11/28/16	12/22/16	\$40,000
Tomorrow's Children Inc.	Children high-needs residential care center	High behavioral needs children	CABHU	12/1/16	12/27/16	\$100,000
Trempealeau County Health Care	County-run adult family homes, CBRF (assisted living), and institute for mental disease	Very high-needs MH	Behavioral Health	12/1/16	12/7/16	\$1,800,000
United Translators	Interpreter/translation services	Non-english speaking	All	12/1/16	12/15/16	\$20,000
Vande Hey Receiving Home	Receiving home for emergency placements	Children	CPS	to Molly 2/28/17	3/23/17	
VanLanen Receiving Home	Receiving home for emergency placements	Children	CPS	11/29/16	12/20/16	
Villa Hope	CBRF (assisted living), supportive apartment program	MH/AODA	Behavioral Health	12/1/16	12/5/16	\$1,700,000
Willow Creek Behavioral Health (SBH)	Inpatient psychiatric and detox services	MH/AODA	Behavioral Health	to Molly 1/26/17	2/2/17	\$200,000
Wisconsin Family Ties	Family support and advocacy services	Parents of MH/juvenile delinquent	CABHU, JJ	12/1/16	12/22/16	\$26,000

**HUMAN SERVICES
2017 PROVIDER CONTRACT LIST - 5/15/2017**

Agency	Service(s) Description	Target Client	Program Unit(s)	Contract Sent	Contract Returned	Updated Not-to-Exceed Amount
Wisconsin Lock and Load LLC	Provides secure transportation to/from G8 to other state facilities	MH, JJ	Behavioral Health, JJ, Drug Court	12/1/16	12/13/16	\$35,000
TOTAL						\$20,997,886

Brown County Human Services
New Non-Continuous/Non-Contracted and Contracted Providers
 May 15, 2017

REQUEST FOR NON-CONTINUOUS/NON-CONTRACTED PROVIDER			
PROVIDER	SERVICE DESCRIPTION	NOT-TO-EXCEED AMOUNT	DATE
Peaceful Beginnings Childcare	Ongoing day care for a CPS child	\$10,000	4/18/17
Individual	Reimburse parent for an adaptive swimming aid for her child	\$10,000	4/18/17
Individual	Reimburse parent for a GPS tracker and monthly fee for special needs child who wanders	\$10,000	4/20/17
Individual	Reimburse parent for special needs gymnastics class	\$10,000	4/20/17
Individual	Ongoing respite for a CPS child	\$10,000	5/1/17
St. Vincent de Paul Society of Milwaukee	Housing assistance for CPS family member caring for five children	\$10,000	5/4/17
Delforge Counseling	Parenting class for CPS parent	\$10,000	5/9/17

REQUEST FOR NEW PROVIDER CONTRACT				
PROVIDER	SERVICE DESCRIPTION	TARGET CLIENTS	NOT-TO-EXCEED CONTRACT AMOUNT	DATE